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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Tajikistan**

Proposed indicative UNFPA assistance:	\$10.3 million: \$3.6 million from regular resources and \$6.7 million through co-financing modalities or other resources
Programme period:	Four years (2023-2026)
Cycle of assistance:	Fifth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2026

## I. Programme rationale

1. The Republic of Tajikistan is a landlocked, mountainous, lower-middle-income country in Central Asia. The country is vulnerable to internal and external shocks due to low economic development, frequent natural disasters and socio-economic disparities. Tajikistan hosts approximately 14,000 refugees and 48,000 stateless persons, which are the highest figures in Central Asia. The state-based programmes to mitigate the effects of economic decline on the population are insufficient, and refugees and asylum seekers are heavily affected and dependent on humanitarian assistance. The continued impact of the COVID-19 pandemic and the recurring border conflicts pose risks to sustainable development.

2. Tajikistan has a youthful population, 61 per cent of its total population of 9.5 million is under the age of 30. The annual population growth rate is 2.2 per cent. Despite progress in poverty reduction, 26 per cent of the population still lives below the poverty line, mostly in rural areas, where almost 73 per cent of the population live. Seasonal labour migration is high. Around 500,000 working-age people, mostly men, leave the country every year as temporary labour migrants, mainly to the Russian Federation.

3. The health sector is under-resourced; the limited resources are insufficient to achieve universal health coverage. The health system focuses on curative care and is highly vertical. The distribution of limited resources, both human and financial, leans towards urban and tertiary care. Primary health care is constrained due to outdated policies, regulatory frameworks and education programmes, as well as the lack of well-defined roles and responsibilities of service providers, including family doctors, family nurses, midwives and obstetrician-gynaecologists. The newly approved Strategy on Healthcare of the Population of the Republic of Tajikistan towards 2030 provides an overarching framework to tackle these challenges.

4. The country has made steady progress towards reducing maternal mortality (down from 97 deaths per 100,000 live births in 1990 to 21.9 per 100,000 live births in 2019). However, regional disparity is a concern, with the highest maternal mortality ratio (115 per 100,000 live births) in the Gorno-Badakhshon Autonomous Oblast. Overall, maternal mortality increased by 25 per cent during the COVID-19 pandemic.

5. Less progress has been made in reducing unmet need for family planning, which is still high (22 per cent). The contraceptive prevalence rate in Tajikistan is one of the lowest in Central Asia (29 per cent). The total fertility rate is 3.6 children per woman but reaches 4.1 in rural areas. The current method mix is geared towards long-acting methods, accounting for 57.5 per cent of all family planning method use. Despite the achievement by the Government of allocating a national budget for contraceptive procurement, meeting 18 per cent of the total national needs in 2021, the limited fiscal space is a risk to sustaining national financing.

6. Cervical cancer is a major reproductive health concern. It is the leading cancer among women, with a 42.9 per cent mortality-to-incidence ratio. A pilot cervical cancer screening programme was supported in the previous country programme to gather evidence to inform the preparation of a comprehensive national programme on cervical cancer.

7. Although a concentrated epidemic, the HIV prevalence rate is rising; 72 per cent of transmissions is through sexual intercourse. HIV transmission doubled among pregnant women (from 12.4 per cent in 2015 to 25 per cent in 2021). The prevention of mother-to-child transmission programme is weak at the primary health care level due to outdated regulatory frameworks, inadequate clinical protocols, the weak capacity of service providers and the absence of monitoring and information management systems. It has become one of the priorities in the National Programme to Combat HIV/AIDS for 2021-2025.

8. The access of adolescents and youth to sexual reproductive health (SRH) services is limited to 21 youth-friendly health services centres, concentrated at the municipal and provincial levels. Regulatory frameworks and protocols to deliver adolescent and youth-

friendly health services are outdated and are not in line with the current health sector reform or international standards.

9. Tajikistan is lagging on attaining Sustainable Development Goal (SDG) 5. Persistence of discriminatory and patriarchal attitudes, as well as social norms and culturally deep-rooted stereotypes and traditions, are the main barriers. There are no recent official statistics on gender-based violence (GBV), the most recent sources of data being the demographic and health survey in 2017, which reported 24 per cent of women aged 19-49 years having experienced physical or sexual violence in the last 12 months. GBV is under-reported for fear of reprisals or inadequate response by police and the judiciary. The quality and availability of health, psycho-social, legal and recovery services for GBV survivors is limited, especially in rural areas. Nationally, 8.7 per cent of women are married before the age of 18 and the adolescent birth rate is the highest in the region (58 per 1,000 girls aged 15-19 years). The low level of education among girls and their limited access to labour and economic resources are among main drivers.

10. The availability of reliable and disaggregated data for monitoring the SDGs is limited; this has impeded the formulation of evidence-based development policies and plans, especially in addressing inequality and reaching those furthest left behind. There is a lack of a multisectoral approach to data collection and use due to the limited inter-agency coordination. Tajikistan successfully conducted a population and housing census in 2020, which for the first time included questions on persons living with disabilities. The preliminary report was released in 2021; the next demographic and health survey, scheduled for 2023, is under preparation.

11. The common country assessment and the analysis on 'leaving no one behind' drew attention to the groups at greatest risk of exclusion: among the country's most vulnerable are those living below the poverty line, women and children, particularly those with disabilities, older persons, women and girls living with HIV, and those living in remote and rural areas. Refugees, asylum seekers, migrants and their families, returnees and stateless persons are also at risk of being left behind. The above-mentioned groups will be prioritized in the country programme.

12. Based on the annual reviews and the final evaluation of country programme, the previous programme has contributed to: (a) establishing a dedicated state budget line for contraceptives; (b) piloting cervical cancer prevention programme; (c) introducing healthy lifestyle education into school curricula; (d) developing a multisectoral prevention approach and response to GBV; and (e) conducting the 2020 population and housing census.

13. Among the key lessons learned are the need to: (a) strengthen programme integration and results based management; (b) expand programme partnership with traditional and non-traditional partners, such as the private sector; (c) promote a rights-based approach to family planning; (d) continue human rights-based and integrated approaches for mother and child health, with a focus on districts and rural areas; (e) scale up the cervical cancer prevention programme; (f) continue to institutionalize healthy lifestyle education and multisectoral prevention and response to GBV; (g) continue to strengthen data for development; and (h) strengthen humanitarian preparedness.

14. UNFPA is a trusted member of the United Nations system in Tajikistan. Its added value and comparative advantage stem not only from its thematic leadership, such as sexual and reproductive health and rights (SRHR), including maternal health and family planning, cervical cancer prevention, population and development, GBV prevention and response, HIV prevention and youth engagement, but also from its partnership with national stakeholders to achieve programme sustainability and national scale-up.

## **II. Programme priorities and partnerships**

15. The proposed fifth country programme is aligned with the National Development Strategy 2030, the Midterm Development Programme, 2021-2025, and sectoral policies, strategies and plans. The programme contributes directly to two of the four outcomes of the

United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2026, and SDGs 3, 4, 5, 10, 16, and 17. The programme formulation was informed by extensive consultations with government partners and other stakeholders, including representatives from vulnerable and marginalized groups as part of the UNSDCF process.

16. Guided by the UNFPA Strategic Plan, 2022-2025, the programme will accelerate progress of the national voluntary commitments made on ICPD+25 in Nairobi towards achieving the three transformative goals. It aims to ensure universal sexual and reproductive health and reproductive rights, with an emphasis on those furthest left behind, including in humanitarian settings. It will support the national goal to increase the contraceptive prevalence rate to 45.6 per cent, reduce the maternal mortality ratio by one third and reach zero child, early and forced marriages in the country by 2030. The programme interventions are prioritized to address inequality and populations furthest left behind, especially women and girls, adolescents and youth, persons living with disabilities, persons living with HIV, seasonal migrants and their families, people living in remote rural areas and people in border areas.

17. Pathways towards these outcomes are through four integrated strategies: (a) provide policy support in improving the coverage and quality of integrated SRH/HIV and sexual and gender-based violence (GBV) services at the primary health care level; (b) demonstrate in selected geographic areas the effectiveness and efficiency of integrated SRH/HIV/sexual and GBV services, based on the lessons and experiences from the previous programme, and to seek innovative partnership and financing opportunities for national scale-up; (c) address deep-rooted social norms by promoting positive masculinity models through meaningful youth and community engagement as well as innovative behavioural change communication campaigns, to increase the demand for SRH/GBV services and to prevent GBV and child marriage; and (d) enhance the capacity of national statistics to generate and use population, SRH and GBV data for policies, programmes and plans and the monitoring of the SDGs; and support the use of the census data, administrative data, including vital statistics, data collected from social studies and research.

18. Inter-agency and multisectoral coordination mechanisms will be strengthened, especially on population and development, implementation of youth law and youth strategies, as well as GBV prevention and response, including in humanitarian settings.

19. The programme maintains five modes of engagement: (a) advocacy and policy dialogue; (b) capacity development; (c) coordination and partnership; (d) service delivery; and (e) knowledge management. The following seven accelerators will be used to enhance programme performance: (a) programmatic integration; (b) partnerships, South-South cooperation and financing; (c) human rights-based and gender-transformative approaches; (d) focus on 'leaving no one behind' and 'reaching the furthest behind first'; (e) innovation and digitalization; (f) resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts; and (g) population data and evidence.

20. A focus on youth is mainstreamed across all four outputs, as well as innovation, through meaningful youth engagement, community participation and capacity building of partners on innovation and digitalization. Drawing on past lessons and experiences, the programme will seek to (a) achieve a more integrated approach to programming and implementation; (b) facilitate and leverage financing opportunities for scale-up, including by working with private-sector partners; (c) introduce international best practices for social norm change and ending harmful practices; and (d) develop local solutions for those furthest left behind.

21. UNFPA will closely cooperate with the relevant government institutions at state level, including parliaments, ministries of health and social protection, education, internal affairs, labour and migration, as well as the Agency on Statistics, committees on youth and sport, women and family affairs, religious affairs and traditions, along with educational institutes and academia. Cooperation with local governments will be strengthened and collaboration will be promoted with civil society organizations, faith-based organizations, community leaders, the private sector, women, youth, men and boys, persons living with HIV and persons living with disabilities.

22. UNFPA will work in line with United Nations reform processes and strengthen the collaboration with United Nations agencies through joint situation analyses, joint annual workplans, joint programmes and joint programme reviews and evaluations.

**A. Output 1: Improved integration of sexual and reproductive health and reproductive rights as well as the prevention and response to gender-based violence and harmful practices into universal health coverage-related policies, programmes and plans, including in humanitarian contexts**

23. This output contributes to UNSDCF Outcome 1 on inclusive human development and focuses on the following interventions: (a) review and strengthen policies, regulatory frameworks, guidelines, standards and monitoring frameworks on rights-based and integrated SRHR, including maternal health, family planning, cervical cancer prevention, prevention of HIV and other sexually transmitted infections, adolescent and youth SRH and GBV for the most vulnerable populations; (b) review and update the regulations and normative frameworks for primary health care, including job descriptions of health service providers, to increase service coverage, improve the quality of care and enhance the efficiency of human and financial resource allocations, in line with the ongoing health sector reform towards achieving universal health coverage; (c) strengthen pre-service and in-service training of health service providers, including the introduction of innovative e-learning platforms; (d) advocate for sustained financing of SRH services by the Government, including its financial commitment to the costed national family planning programme; (e) advocate for and support to multisectoral cooperation to integrate population dynamics, SRH, adolescents and youth, and GBV into national and subnational policies and programmes, such as the development of the Tajikistan Demographic Policy Plan (2022-2040) and district development plans; (f) support multisectoral cooperation to implement the new Law and Strategy on Youth through meaningful engagement of young people, especially those furthest left behind.

**B. Output 2: Strengthened capacities of health systems, institutions and communities to deliver high-quality, integrated and gender-responsive sexual and reproductive health information and services, including essential SRH supplies, for the most vulnerable women, adolescents and youth, and communities in rural areas, across humanitarian and development contexts**

24. The output contributes to UNSDCF Outcome 1 on inclusive human development and focuses on the following strategic interventions (to be implemented in select geographic areas for nationwide scale-up): (a) strengthen the rights-based family planning programme, including by introducing new family planning methods; (b) strengthen the logistics management information system for reproductive health commodities as part of the national health supply-chain management system, based on situation analysis and following recommendations of the national action plan on reproductive health commodity security (2022-2026); (c) improve maternal health by building the capacity of health professionals on effective perinatal care and strengthen the maternal death surveillance and response system, including maternal death audits and near-miss case reviews; (d) contribute to the prevention of HIV through a strengthened prevention of mother-to-child transmission programme at the primary health care level; (e) support the Ministry of Health in coordinating and implementing a national cervical cancer prevention and screening programme; (f) introduce adolescent and youth-friendly health services into primary health care facilities; (g) strengthen a multisectoral response to GBV, including the implementation of the essential services package, standard operating procedures and national protocols as well as the survivor support, including referral pathways; (h) increase for persons living with disabilities access to integrated SRH information and services under the national action plan on the rights of persons with disabilities (2020-2024); (i) strengthen partnership with the national professional association of midwives and provide technical support to the national midwifery programme; (j) support the implementation of the Regional Refugee Response Plan, the

Inter-agency Contingency Plan for Emergencies and the National Action Plan on SRH in emergencies for 2022-2026 to scale-up the minimum initial service packages for SRH and GBV.

**C. Output 3: Strengthened mechanisms and capacities of institutions and actors to address discriminatory laws, social norms and practices that hinder gender equality and women’s decision-making, including by addressing gender-based violence against women and girls, adolescents and youth, particularly rural populations, migrants’ families and people with disabilities, across development and humanitarian contexts**

25. This output contributes to UNSDCF Outcome 4 on people-centred governance and the rule of law, and focuses on the following strategic interventions: (a) review and update national policies and regulatory frameworks on women’s and girls’ empowerment, GBV and child marriage; (b) strengthen leadership capacities of civil society organizations, community-based organizations and the media to address the root causes of GBV and child marriage; (c) expand engagement with men and boys through partnerships with religious leaders, youth organizations and the rural community, to promote positive masculinity models; (d) introduce innovative digital platforms on SRH and GBV for youth; and (e) strengthen the GBV coordination mechanisms, including the GBV subclusters for refugee preparedness and response, in border conflicts and other humanitarian settings.

**D. Output 4: Strengthened data systems and evidence that consider population changes and other megatrends, including aging and climate change, in development programmes and policies, especially those related to reproductive health and reproductive rights and gender-based violence**

26. This output contributes to UNSDCF Outcome 4 on people-centred governance and the rule of law, and focuses on the following strategic interventions: (a) support the preparation, dissemination and use of a thematic analysis of the 2020 population and housing census, especially in relation to the production of disaggregated data and evidence for programming and SDG follow-up, focusing on those furthest left behind, such as persons living with disabilities at the national and subnational levels; (b) strengthen national capacity on the analysis of national transfer accounts and their use in social policy; (c) strengthen national capacity on population projections, including in preparing updated national and subnational population projections; (d) contribute to the upcoming demographic health survey 2023 and its secondary analysis; (e) introduce learning modules on demography into university curricula; (f) support household surveys, operations research and assessments on SRH, youth and gender, particularly related to GBV and child marriage, including in humanitarian settings, and undertake thematic evaluations; and (g) contribute to the common country analysis, UNSDCF performance reports, the national voluntary reviews, reports to the Committee on the Elimination of All Forms of Discrimination against Women and other key national monitoring processes.

### **III. Programme and risk management**

27. The Ministry of Economic Development and Trade will oversee the implementation of the programme. National and regional government partners, including sectoral ministries, committees and national institutes will implement the various components of the programme, in collaboration with non-governmental organizations, religious leaders, communities and youth-led organizations. The coordination mechanisms established by the Government for the implementation of the Midterm Development Programme, 2021-2025, and the joint Steering Committee (of the United Nations and the Government) established for the implementation of the UNSDCF, will be utilized to ensure programme synergies.

28. The proposed programme will be implemented primarily through the national implementation modality. UNFPA will support the United Nations reform process, participating in the design and implementation of a joint business operations strategy and the harmonized approach to cash transfers.

29. The country programme will be funded through core and non-core resources. A partnership and resource mobilization plan has been developed to forge robust multisectoral partnerships and pursue a diversified resource mobilization strategy, involving the private sector, national government co-financing and international financial institutions in addition to traditional development partners.

30. A human resources plan will be developed, to ensure an appropriate mix of skills for the effective delivery and management of the programme is available. The staff will be funded from the UNFPA integrated institutional and programme budgets.

31. The country programme will utilize programmatic support and technical assistance from UNFPA headquarters, the regional office and other country offices, including through sharing of South-South cooperation initiatives. In the event of an emergency, UNFPA may, in consultation with the Government, re-programme activities to better respond to emerging issues, especially life-saving measures.

32. The following risks have been identified: (a) shrinking resources due to a changing funding landscape; (b) natural disasters, border conflicts and increased security concerns, which pose potential risks for smooth programme operations in the field; (c) accountability and fiduciary risks; and (d) lengthy programme approval procedures by national partners, especially for non-core funded programmes and projects.

33. These challenges will be mitigated by (a) designing cost-effective high-impact interventions and adopting multisectoral partnership and a diversified resource mobilization strategy; (b) ensuring business continuity and strengthening emergency preparedness, in coordination with the other United Nations organizations in the country; (c) strengthening the programme and financial management systems of implementing partners; and (d) supporting United Nations joint advocacy within the framework of the UNSDCF.

34. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for alignment results and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in UNFPA programme and operations policies and procedures, and in the internal control framework.

#### **IV. Monitoring and evaluation**

35. The country programme monitoring and evaluation plan will be aligned with the UNFPA Strategic Plan and the UNSDCF monitoring and evaluation frameworks, including those of United Nations joint workplans; it will use global platforms such as UN Info to monitor and report progress on results.

36. UNFPA will provide data on its contribution to the UNSDCF outputs and outcomes and support the evaluation of the UNSDCF through the monitoring and evaluation group. It will also prioritize supporting joint analysis and reviews, including for the Gender Equality Sector-wide Action Plan and Voluntary National Reviews.

37. Country programme monitoring and evaluation will be jointly conducted by UNFPA and the Government, in coordination with the United Nations country team. Efforts will be made to closely track progress, ensure accountability of programme resources and promote adaptive learning and knowledge management with the implementing partners.

38. The result-based management approach to planning, monitoring and evaluation of the programme will use a well-defined results framework. Annual monitoring plans, including the application of tools and systems to monitor the national execution and the harmonized cash transfers, will be developed and implemented during the programme cycle. Field monitoring visits and quarterly review meetings will be held with relevant implementing partners. To support policy advocacy and national scale-up of key interventions in the country programme, the country programme will carry out operations research, thematic studies and project evaluations.

## RESULTS AND RESOURCES FRAMEWORK FOR TAJIKISTAN (2023-2026)

<b>NATIONAL PRIORITY:</b> National Development Strategy 2030. Midterm Development Programme, 2021-2025. Strategy on Healthcare of the Population of the Republic of Tajikistan towards 2030.				
<b>UNSDCF OUTCOME:</b> 1: By 2026, health, food security and nutrition, education and social protection systems and services are more effective, inclusive, gender-sensitive and adequately financed.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>● Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 52.6 (2019); Target: 56.6 (2026)</i></li> <li>● Proportion of births attended by skilled health personnel <i>Baseline: 84 (2019); Target: 95.5 (2026)</i></li> </ul> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>● The proportion of births occurring in health facilities <i>Baseline: 91% (2017); Target: 95% (2026)</i></li> </ul>	<u>Output 1.</u> Improved integration of sexual and reproductive health and reproductive rights, as well as the prevention and response to gender-based violence and harmful practices, into universal health coverage-related policies, programmes and plans, including in humanitarian contexts	<ul style="list-style-type: none"> <li>● Number of universal health coverage-related policies and plans and other relevant laws, guidelines, educational programmes and accountability frameworks updated or developed with UNFPA support that have integrated sexual and reproductive health and rights, as well as prevention and response to gender-based violence and child marriage <i>Baseline: 6 (2021); Target: 20 (2026)</i></li> <li>● Proportion of the state health budget with a designated budget line for family planning commodities to reach furthest left behind first <i>Baseline: 18% (2020); Target: 25% (2026)</i></li> <li>● Number of multi-stakeholder mechanisms that include (a) women-led and youth-led civil society organizations; (b) faith-based organizations; (c) men and boys; (d) people with disabilities; (e) young people; (f) parliamentarians to support the acceleration of transformative results and ICPD Programme of Action <i>Baseline: 4 (2021); Target: 7 (2026)</i></li> <li>● Number of district development plans addressing sexual and reproductive health and reproductive rights and gender equality that explicitly integrate population changes, including changing age structures, population distribution and urbanization <i>Baseline: 0 (2021); Target: 9 (2026)</i></li> </ul>	Ministry of Health and Social Protection, National Reproductive Health Centre, World Health Organization (WHO), United Nations Children’s Fund (UNICEF), United States Agency for International Development (USAID), German Corporation for International Cooperation (GIZ)	\$1 million (\$0.3 million from regular resources and \$0.7 million from other resources)
	<u>Output 2.</u> Strengthened capacities of health systems, institutions and communities to deliver high-quality, integrated and gender-responsive sexual and reproductive health information and services, including essential SRH supplies, for the most	<i>In 9 programme-supported target districts:</i> <ul style="list-style-type: none"> <li>● Number of government-led health facilities providing a comprehensive package of integrated sexual and reproductive health, including adolescent, youth and disability-friendly health services and other standard services <i>Baseline: 20 (2021); Target: 420 (2026)</i></li> <li>● Proportion of women aged 30-50 years screened for cervical cancer at least once, and for lower or higher age groups, according to the national cervical cancer prevention programme <i>Baseline: 0 (2021); Target: 80% (2026)</i></li> </ul>	Ministries of Health and Social Protection of Population, Internal Affairs, Education and science, Justice; Parliament, Agency on Statistics , Committees of Women and Family Affairs; Religious Affairs; Youth and Sports; and Emergency Situations and Civil Defence, under the Government of the Republic of Tajikistan, National Reproductive	\$6.0 million (\$2.0 million from regular resources and \$4.0 million from other resources)



	vulnerable women, adolescents and youth, and communities in rural areas, across humanitarian and development contexts.	<ul style="list-style-type: none"> <li>Number of maternity houses implementing effective perinatal care and near-miss case reviews <i>Baseline: 0 (2021); Target: 33 (2026)</i></li> <li>Number of reproductive health facilities integrating new logistics management information systems system within the national health management information system <i>Baseline: 0 (2020); Target: 25 (2026)</i></li> <li>Number of health facilities providing life-saving MISP on SRH and GBV <i>Baseline: 0 (2021); Target: 50 (2026)</i></li> </ul>	Health Centre, National AIDS Prevention Centre, Republican Family Medicine Centre, Tajik State Medical University, Republican Medical College, Tajik Medical Post-Graduate Institute. Tajik Family Planning Association, WHO, UNICEF, Office of the United Nations High Commissioner for Refugees (UNHCR), UNAIDS, USAID, GIZ, civil society organizations (CSOs), local province, district and subdistrict ( <i>jamoat</i> ) government authorities, private clinics on SRH, gender, youth and community platforms, Republican Associations of Obstetrician and Gynaecologists and Midwives	
<b>NATIONAL PRIORITY</b> The National Development Strategy 2030. Midterm Development Programme, 2021-2025. National Strategy on Empowering the Role of Women, 2021-2030. The Law and National Action Plan on Prevention of Violence in the Family. Strategy on Healthcare of the Population of the Republic of Tajikistan towards 2030.				
<b>UNSDCF OUTCOME:</b> 4: By 2026, governance is more inclusive, transparent, and accountable, serving to protect human rights, empower women and reduce violence and discrimination, in alignment with the international commitment of Tajikistan.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>UNSDCF Outcome indicators:</u> <ul style="list-style-type: none"> <li>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age <i>Physical violence: Baseline: 18.7 (2017);</i></li> </ul>	<u>Output 3.</u> Strengthened mechanisms and capacities of institutions and actors to address discriminatory laws, social norms, and practices that hinder gender equality and women's decision-making, including by addressing gender-based violence against women and girls, adolescents and youth, particularly rural populations, migrants' families and people with	<ul style="list-style-type: none"> <li>Number of civil society organizations, community-based organizations, religious leaders and youth organizations with enhanced leadership capacity, in line with UNFPA social and gender norms empowerment packages, to address harmful social and gender norms, stereotypes and discriminatory practices and promote positive masculinity models that support the achievement of the transformative results <i>Baseline: 2 (2021); Target: 4 (2026)</i></li> <li>Number of regions and districts that have a functional diversity-inclusive community platform in reflective dialogue towards eliminating discriminatory social and gender norms, stereotypes and practices, as well as GBV and child marriage, which affect girls and women <i>Baseline: 0 (2021); Target: 12 (2026)</i></li> </ul>	Government Committees of Women and Family Affairs; Religious Affairs; Youth and Sports; and Emergency Situations and Civil Defence; Ministries of Health and Social Protection; Internal Affairs, Justice; Parliament; Agency on Statistics; National Reproductive Health Centre, Republican Family Medicine Centre, gender and development NGOs, Tajik Family Planning Association, Youth-PEER, WHO, UNICEF, UNHCR, USAID, GIZ, UN-Women, UNDP, CSOs,	\$1.6 million (\$0.6 million from regular resources and \$1 million from other resources)

<p><i>Target: 0 (2026)</i>  <i>Sexual violence:</i>  <i>Baseline: 1.4 (2017);</i>  <i>Target: 0 (2026)</i>  <i>Psychological violence:</i>  <i>Baseline: 13.3 (2017);</i>  <i>Target: 0 (2026)</i></p> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>● Rate of reduction of the proportion of women aged 20-24 years who were married or in a union before the age of 18.  <i>Baseline: 8.7% (2017);</i>  <i>Target: 0 (2026)</i></li> </ul>	<p>disabilities, across development and humanitarian contexts.</p>	<ul style="list-style-type: none"> <li>● Number of accepted and implemented recommendations from international and regional human rights mechanisms on discriminatory social or gender norms, stereotypes and practices, and power relations on sexual and reproductive health, gender-based violence and harmful practices  <i>Baseline: 3 (2021); Target: 6 (2026)</i></li> </ul>	<p>platforms on gender and youth, community platforms</p>	
<p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>● Proportion of children under five years of age whose births have been registered with a civil authority, by age  <i>Baseline: 95.8% (2018)</i>  <i>Target: 100% (2026)</i></li> </ul>	<p><u>Output 4. Strengthened data systems and evidence that consider population changes and other megatrends, including aging and climate change, in development programmes and policies, especially those related to reproductive health and reproductive rights and gender-based violence</u></p>	<ul style="list-style-type: none"> <li>● Number of research reports, studies and secondary analysis supported by UNFPA to collect, map and report disaggregated data on population changes and diversity and the impact of megatrends, including climate change, on achieving the three transformative results and the ICPD Programme of Action  <i>Baseline: 0 (2021); Target: 3 (2026)</i></li> <li>● Number of key population data outputs produced, including subnational population projections, routine vital statistics and census reports on youth, migrants, older persons and populations living with disabilities, and on population mega-trends, such as mobility, urbanization and climate  <i>Baseline: 0 (2021); Target: 8 (2026).</i></li> <li>● Number of demographers trained with UNFPA support in the analysis and production of population and other statistical data, including in humanitarian settings  <i>Baseline: 100 (2021); Target: 300 (2026).</i></li> </ul>	<p>Agency on Statistics, Ministries of Economic Development and Trade; Labour; Migration and Social Protection; Health and Social Protection; Institute of Economy and Demography of the Science Academy, UNDP, UNICEF, UNHCR, WHO</p>	<p>\$1.5 million (\$0.5 million from regular resources and \$1 million from other resources)</p> <p>Programme coordination and assistance: \$0.2 million from regular resources</p>