



COUNTRY PROGRAMME ACTION PLAN

2010-2015

between

The Government of Tajikistan

and

United Nations Population Fund



List of Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Behaviour Change Communication
CCA	Common Country Assessment
CLMIS	Contraceptive Logistics Management Information Service
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
EECA RO	UNFPA Regional Office for Eastern Europe and Central Asia
FP	Family Planning
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GKS	Goskomstat (State Statistics Committee)
GoU	Government of Uzbekistan
GTZ	German Technical Cooperation Agency
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICPD	International Conference on Population and Development
ICPD PoA	ICPD Programme of Action
IEC	Information, Education, and Communication
MEDT	Ministry of Economic Development and Trade
MCH	Mother and Child Health
MDGs	Millennium Development Goals
MOH	Ministry of Health
MTSP	UNFPA Mid-Term Strategic Plan 2008-2011
NGO	Non-Governmental Organization
PCM	Programme Component Manager
PHC	Primary Health Care
PRSP	Poverty Reduction Strategy Plan
RH	Reproductive Health
STIs	Sexually Transmitted Infections
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WHO	World Health Organization
RCST	Red Crescent Society of Tajikistan
TSMU	Tajik State Medical University



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THE FRAMEWORK

The Government of the Republic of Tajikistan and UNFPA, United Nations Population Fund in Tajikistan, are in mutual agreement on the content of the Country Programme Action Plan (CPAP) and to their roles and responsibilities in the implementation of the Country Programme.

Furthering their mutual agreement and cooperation for the fulfillment of the Programme of Action of the International Conference on Population and Development (PoA-ICPD 1994); the Fourth World Conference on Women (Beijing, 4 - 15 September 1995); the UN Millennium Declaration (6-8 September 2000); and the World Summit on Sustainable Development (2002).

Building upon the experience gained and progress made during the implementation of the previous Programme of Assistance (2005-2009).

Entering into a new period of cooperation (2010-2015).

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation.

PART I. BASIS OF RELATIONSHIP AND LEGAL CONTEXT

1. The relationship between the Government of Tajikistan and the United Nations Population Fund is governed by the Standard Basic Assistance Agreement (SBAA) signed by the Government and UNDP on 1st October 1993.

PART II. SITUATION ANALYSIS

2. Tajikistan has a population of approximately 7.2 million (2007), 70 % of which reside in rural areas making the country the poorest among the rest of the CIS states. Tajikistan continues to face significant challenges, as the poor infrastructure, fragmented administration and financial and human capacity constraints hinder the country's opportunity for sound socio-economic and political development. The situation is further compromised by the labor migration related issues, energy, food, the present world financial crises, and natural disasters which occur in the country on a regular basis.
3. According to some estimates, in 2008, over 800.000 citizens of Tajikistan have been working outside the country due to the high local unemployment rates and low salaries. The suggested number of remittances in the same year has reached \$ 2 billion.
4. The present world financial crisis has been having a negative socio-economic effect worldwide, including Tajikistan. Some of the actual and potential consequences caused by the impact of the crisis on the labor migration dynamics are: decline in remittance flow, job losses, reduction in wages, return of the unemployed migrants back home to face the inferior economic conditions (high unemployment and poverty), more restrictive immigration policies by the host countries to protect their local labor markets, risk of discrimination and xenophobia. . In regard to the return of the migrants, it is described as massive and alarming as the country's economy is not capable of absorbing the number of people coming back. Moreover, if not addressed adequately, the situation has the potential to lead to social and even political tensions.ⁱ



5. Migration is a complex phenomenon mostly in rural areas, but it also implies brain-drain and brain-waste with negative consequences on the internal labor market. Over the past 10 years, unemployment and better opportunities offered in neighboring countries has led to an increased migration of male and female labor workforce to NIS countries (mainly Russia and Kazakhstan). Qualified individuals are emigrating for better opportunities and the rates of return from migrant skilled persons in the mid term does ensure increased remittances to the country; however, the economic and social development and infrastructure in Tajikistan remains poor and at a very low level as remittances are not used to invest in the country, but rather to meet urgent basic needs to sustain the families of the migrant workers. The labor migration also has social consequences: women who remain alone when their husbands migrate often suffer from health problems. They may even lose contact with their husbands, and remittances are not always sent home. HIV is also an issue, with the return of migrants. . Also, there is an increasing trend of street children left by their mothers in orphanages due to their inability to care and support them or because they migrate. Young people who migrate with the parents also drop out of school. .
6. Today, of the five countries that make up the region, Tajikistan remains the poorest with 64% of the population (2003) living on less than US\$ 2.15 per day (PPP)¹ While social indicators may have stabilized somewhat since the civil war and in some cases improved, Tajikistan is still unlikely to achieve most of the Millennium Development Goals. With the war over, an economy in recovery and population growth, pressure on services has increased. . The recent exceptionally harsh winter of 2007-2008 (that led to an international aid appeal) may have also set back some of the gains achieved in recent years , exposing the lack of attention to rebuilding infrastructure and continued poor strategic planning on the part of the authorities.
7. The other acute problem in Tajikistan which is presently evident and supported by a volume of reports is the issue of regional water management. With the breakup of the Soviet Union, the agreements on water sharing among the Soviet republics of Central Asia largely broke down. With overuse and poor water management, agricultural yields stagnated and consequently increased the level of poverty in the region. While Tajikistan, Kyrgyzstan and Uzbekistan avoided open conflict and military hostilities over scarce water resources, their relations have been strained. The water (and energy) situation which is already complicated and tense even during times of normal weather, has the possibility of deteriorating into a major humanitarian, economic and political crisis for the region.
8. Basic infrastructure in the sectors remains severely constrained and dilapidated, hampering easy access to public services for the population's access to potable water and sanitation. Electricity in clinics and schools is inadequate and unreliable. A large portion of government expenditure in the social sectors goes to wages and capital projects. However, rural areas, in particular, lack infrastructure. In Soviet times, during the agricultural season, special temporary schooling was set up to cater to educational needs. Today, the schools that are available close during the season. In affluent areas, (for example, where there are aluminum plants) there is more investment in schools and other facilities. Those areas that lack significant economic and commercial activities tend to receive less political attention and funds for socio economic development.
9. Tajikistan has experienced a rapid growth in population and although the total fertility rate has been reduced substantially over the past 25 years from 5.7 births per woman in 1980, to 4.0 in 2000, it remains well above replacement level. Fertility is higher for rural women (4.1) compared to urban women (3.6). Early marriage is common with almost 15% of women in Tajikistan being married before the age of 18. Pregnancy, delivery and the postpartum period remain hazardous for most Tajik women and maternal mortality is high and is estimated to be at least 120 per 100,000 live births. The most common cause of deaths for reported cases of maternal mortality is bleeding (37%) followed by eclampsia (19%) and infection (16%).

¹ 2005 WB Poverty Assessment Update



10. The use of modern contraception remains low with a prevalence of 33% and the unmet need is high. This is largely due to limited access to family planning services. The most popular method is IUD which is used by 25% of married women. Use of condoms is very low and is used by only 1% of women. Adolescents are far less likely to use contraception than older women.
11. The incidence of many sexually transmitted infections has increased markedly over the past 15 years. HIV prevalence remains low, but the number of cases has increased over recent years and risk factors for further spread of the virus are high. Young people account for 84% of reported HIV cases and over 80% are infected by injecting drugs.
12. Adolescents and young people make up almost a third of the population of Tajikistan. Their levels of knowledge of crucial reproductive health issues, including HIV/AIDS transmission and the importance of condom use, is still low and access to youth friendly services is limited.
13. Both the low quality of and limited accessibility to health care continue to be major constraints in the health sector. There are severe problems with poor quality of health care including the lack of relevant up-to-date skills of health workers, inadequate infrastructure, laboratories, essential equipment, supplies and drugs. The situation is further aggravated by poor awareness and knowledge of people and policy and decision makers about issues related to reproductive rights, and inadequate and unreliable information on reproductive health. Moreover, poor access to health care has severely affected women and their access to all components of RH care.
14. Gender related issues are present in all aspects of the social and economic life of the country. Despite the legal foundations that protect the rights of women, discrimination and violence against women continues to persist. Women in Tajikistan still disproportionately suffer from poverty, traditional patriarchal society and a weak system to protect their fundamental human rights, thus, they remain exposed to violence within and outside their homes.
15. The Government of the Republic of Tajikistan has committed itself to undertaking a national population census in 2010. Census, however, is a costly undertaking and costs are on the rise. That is why most Central Asian countries have approached UNFPA for technical and/or other assistance with the preparation of their upcoming censuses. In this context, the Census Department should be strongly supported and the census encouraged as a national priority.

PART III. PAST COOPERATION AND LESSONS LEARNED

16. UNFPA assistance to Tajikistan began in 1995 and until the year 2000 the country received the help within the framework of UNFPA subregional programme for six Central Asian countries. The assistance to Tajikistan mainly concentrated on efforts to improve access to reproductive health information and services as well as to strengthen policy formulation. The first Country Programme (CP) (2000-2004) with a budget of \$ 6 million continued to provide assistance for reproductive health and population and development issues and understanding improvement/awareness raising.
17. The Second UNFPA Country Programme (2005-2009) contributed to poverty reduction by focusing on reproductive health/family planning, population and development, and women's empowerment. The UNFPA Tajikistan Country Office (CO) assumed a more proactive role in ensuring that the ICPD agenda was widely understood and accepted. The crucial importance of promoting and coordinating strategic partnerships to achieve ICPD and MDG goals was emphasised through consolidating collaboration with government institutions, UN agencies and other development partners. Programme interventions focused on areas with the worst reproductive health indicators covering about one-third of the country's population.



18. The main achievements of the Second Programme are: (a) integration of RH issues into National Development Strategies and Papers; (b) establishment of a contraceptive logistics management system; (c) improvement in access to family planning services by conducting contraceptive promotion campaigns; (d) increased commitment of local health government authorities to promote RH/RRs; (e) introduction of evidence-based perinatal life saving interventions; (f) integration of adolescents' RH issues into Tajikistan National Development Strategy; (g) establishment of strategic partnership with the Committee of Youth Affairs and launching Y-Peer programme; (h) contribution to increased availability of reliable reproductive health information; (i) capacity of Goskomstat personnel in planning of the 2010 National Population and Housing Census strengthened; (j) effective response to humanitarian crisis resulting from the extremely severe winter of 2007/08, which was greatly appreciated by the Government and consequently increased the visibility of UNFPA in the country.
19. Lessons learned from past UNFPA support include: (a) UNFPA's major role in Tajikistan remains in contributing to poverty reduction through improvement in the reproductive health status of the population; (b) capacity strengthening is crucial to achieve improvements in reproductive health; (c) without reliable supplies of reproductive health commodities, quality reproductive health services are not possible; (d) there is a need to concentrate support on prioritized groups such as young people or issues such as gender-based violence; (e) attention should be given to humanitarian aspects of emergency situations; (f) reliable demographic information is critical to plan and monitor Programme interventions.

PART IV. PROPOSED PROGRAMME

Linkage with UNDAF and Country Programme Outcomes

20. The proposed Programme 2010-2015 is the third UNFPA Country Programme (CP) and intends to continue making its contribution to the overall stability and poverty reduction in Tajikistan. The Programme is aligned with the priorities of the Government's National Development Strategy for the period up to 2015; the Millennium Development Goals and the UNFPA Strategic Plan 2008-2011.
21. The CP is a joint-effort product developed by the internal and external stakeholders – UN Agencies and governmental representatives that reflects on the population and health-related socio-economic needs of the country and partners' vision on addressing them. Its development is based on joint monitoring, negotiations with the government and final review of the PDS and RH components of UNDAF (United Nations Development Assistance Framework). The CP will contribute to the achievement of the UNDAF and the UNFPA Strategic Plan 2008-2011 goals and outcomes and to the Millennium Development Goals (MDG), strategies, national plans and programmes.
22. UNFPA will assume a more proactive role in ensuring that International Conference on Population and Development issues are on the development agenda. UNFPA will make every effort to promote, strengthen and coordinate strategic partnerships through consolidating its collaboration and cooperation with governmental institutions, UN agencies and other development partners.
23. The programme, which builds on the experiences and lessons learned from the previous cycles, will have three major components: reproductive health, population and development and gender. Advocacy will be a crosscutting strategy in all three components.
24. The CP also entails stakeholders' shared vision with regard to the Harmonized Approach to Cash Transfers (HACT). Within the framework of HACT it is expected to consistently disburse UN project funds from UN agencies to implementing partners with the rationale of reducing transaction costs in



administering and executing projects and thereby lessening the burden on implementing partners. It should be noted however that due to auditors' assessment of high risk of fraud in relation to HACT introduction, UNFPA will focus on building capacity of national partners in the management of HACT operations.

25. The other building blocks of the CP framework are the prioritized UNDAF outcomes discussed during the UNDAF workshop that involved collaboration of the government representatives (Ministry of Health, Goskomstat, Youth committee, etc.) and UN agencies (UNDP, UNESCO, WHO, UNAIDS, UNIFEM, UNHCR etc.).
26. UNDAF as such, is the strategic programme framework for the UN, which describes the joint response to the country priorities in the national development framework. The high level expected results are UNDAF outcomes. The outcomes show where the UNCT can bring its unique comparative advantages to bear in advocacy, capacity development, policy advice and programming for the achievement of MDG-related national priorities.
27. 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.
28. In the area of Poverty Reduction and Governance, the aim is to enhance good governance and economic and social growth, in order to reduce poverty, unlock human potential, protect rights and improve core public functions. The idea is to build capacities to enhance poverty reduction and economic development programmes, with a particular focus on the rural poor, women and marginalised people.
29. Under the UNDAF outcomes "Quality Basic Services", the aim is to improve access to quality basic services in health, education and social welfare for the most vulnerable. In health, the goal is to strengthen the health system, particularly the Ministry of Health's capacities in stewardship, financial and human resources management.
30. The CP outcomes and outputs taken from UNDAF are detailed below; where the outputs are slightly modified to fit the UNFPA scope of operation.

Reproductive Health and Rights Component

31. **This component has two outcomes that emanate from the UNDAF:** (a) the health system is strengthened and (b) among the most vulnerable there is greater access to and use of quality reproductive health services including prevention of STIs/HIV/AIDS. The reproductive health component supports the Comprehensive Health Strategy for Tajikistan for the period up to 2020, the Government's National Reproductive Health Strategic Plan covering the period of 2004 to 2014 and National Strategic Plan on Safe Motherhood till 2014. The latter document identifies several priority areas: family planning; safe motherhood; reproductive health commodity security; adolescent sexual and reproductive health; prevention of STIs/HIV/AIDS; and improved health information. The Programme also supports the Ministry of Health's move to a health sector wide approach (SWAP). The programme envisions undertaking the interventions in different areas under the RH and rights component based on the availability of funds and will follow the priority needs of the Government partners (in particular, the Ministry of Health). The following three outputs will contribute to achieving the two outcomes of this component.



Output 1: Capacity of reproductive health workers strengthened to provide quality reproductive health care through revision of guidelines and standards and training in 25 districts.

32. This output contributes to UNFPA's Strategic Plan, 2008-2011 reproductive health outcome of "Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications". The following strategies will be employed in order to achieve this output:
33. Expansion and further development of evidence based standards and protocols for maternal and perinatal care, family planning, prevention and treatment of RTIs/STIs, including HIV/AIDS and provision of youth friendly sexual and reproductive health care:
34. In cooperation with WHO UNFPA will provide technical assistance in the development of national standards on management of complicated deliveries.
35. UNFPA will support implementation of national guidelines and protocols on organization of contraceptive services delivery.
36. Dependent on the availability of funds, UNFPA will participate in the MOH Programme on Cervical and Breast Cancer Prevention and Treatment. The activities under this programme will include conducting situation analysis and assessment of needs on cervical and breast cancer, capacity building of OB/GYNs and laboratory technicians on pap smear, development of national guidelines on cervical cancer prevention and conducting assessment of the impact of interventions in this area.
37. The programme plans to support MOH in monitoring and evaluation of implementation of the Health Strategy of the Republic of Tajikistan for the period of 2004-2014 to assess its effectiveness, develop recommendations for designing the new strategy taking into account lessons learned during the previous strategy implementation.
38. Capacity strengthening of reproductive health workers, through continuing education and support to provide effective maternal and perinatal care (including support for implementation of WHO's Beyond the Numbers and maternal death and near-miss reviews), family planning, prevention and treatment for RTIs/STIs, including HIV/AIDS and RH information:
39. Towards this end, UNFPA will continue to provide trainings on Effective Perinatal Care for OB/GYNs, neonatologists and midwives in maternity hospitals at all levels with participation of national trainers, specialists of TSMU and conduct the advanced WHO Euro training of trainers on "Managing problems in Perinatal Care" for national trainers.
40. The programme also envisions introduction of "condensed" EPC package to academic environment (lecturers of medical universities and high-schools) in order to create a pool of experienced trainers, so that the EPC concept is included at all levels of medical education.
41. A guide will be developed to monitor EPC implementation.
42. In cooperation with WHO and using the newly developed tool of WHO Euro, UNFPA will conduct an assessment of the quality of perinatal care at the regional maternity hospitals level to assess at the effectiveness of EPC introduction and developing recommendations for further improvement of its implementation.
43. In cooperation with the Medical Statistics Centre, UNFPA will work on improving statistical data collection with regard to EPC and family planning.



44. UNFPA, in cooperation with WHO and MOH, will continue its efforts in promoting the confidential review of maternal mortality and near miss analysis in the framework of Beyond the Numbers through providing training, supporting regular meetings on near miss cases and conducting the Coordination Councils on Maternal Mortality Audit.
45. The programme will continue working with MOH and its relevant institutions on further integration of STI/HIV/AIDS into the primary health care level and expanding the scope of activities of the primary health care facilities allowing them to locally diagnose and treat patients with STIs and provide counseling on HIV/AIDS issues. In addition, UNFPA will join efforts with the GFATM to mobilize resources for ensuring treatment of STIs at PHC level through providing necessary medication, establishing integrated service rooms for STIs diagnostics and treatment within PHC facilities.
46. UNFPA will cooperate with the Tajik Family Planning Alliance (IPPF-affiliated NGO) and will further strengthen its pilot project in Shahrinaw District through developing information materials on safe motherhood, conducting public information campaigns among population of the district to sensitize families on safe motherhood issues, further capacity building of health providers and other relevant activities.
47. Capacity strengthening of reproductive health workers to provide quality gender-sensitive reproductive health including family planning information, counseling and services:
48. UNFPA will continue working with its national partners on further capacity development of RH institutions at all levels in family planning initiatives (including modern contraceptive technology, post abortion contraception, etc).
49. UNFPA will continue its efforts on promotion of male involvement in RH initiatives in order to ensure equal access of both women and men to RH services and information, expanding the scope of services provided by PHC facilities, so that they include consideration by couples of *all* issues concerning reproductive health/family planning (including decision on number of children, spacing, economic well-being of families and the choice of contraceptives).

Output 2: Health care facilities are supplied with essential reproductive health commodities including those for use in natural disasters and other emergency situations.

50. This output contributes to UNFPA's Strategic Plan, 2008-2011 reproductive health first outcome: "Reproductive rights and SRH demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring". Key strategies to achieve this output will include the following:
51. Assessment of essential reproductive health commodity needs including provision of minimum necessary equipment and supplies at hospitals to deal with obstetric emergencies, and for reproductive health centres and associated laboratories to provide quality reproductive health care:
52. In order to improve physical infrastructure of maternity hospitals, UNFPA will procure essential medical equipment and ambulances for strengthening emergency obstetric care (EMOC).
53. UNFPA will procure essential medical equipment, literature, resource materials for RH and education facilities in order them to be able to provide quality RH assistance to population.



54. Upon availability of funds, UNFPA will procure laboratory operating supplies and equipment for effective early prevention of cervical cancer for relevant RH facilities.
55. Continuing assistance in maintaining and expanding the contraceptive logistics system and condom provision for prevention of pregnancy and STIs, including HIV, prevention:
56. The programme will focus on further strengthening the CLMIS component through training of health care managers taking into account the latest recommendations of international experts with regard to improving the registration and distribution system.
57. UNFPA will work with GFATM on further strengthening condom provision efforts through procurement and proper distribution of condoms among relevant RH facilities and monitoring further distribution to lower levels of the PHC system.
58. According to the request of MOH, UNFPA will support design and implement the “Reproductive Health Information Campaigns” that includes production and dissemination of information RH materials including various means of contraception, their advantages and disadvantages and availability, provision of relevant RH services and undertaking behavior change efforts among population in remote areas of Tajikistan (including specific disadvantaged groups). UNFPA will cooperate with the Tajik Family Planning Alliance and will use its existing capacity and outreach workers in conducting the activities among population.
59. Phased procurement of contraceptives, a limited range of essential obstetric drugs and essential equipment for obstetric care:
60. UNFPA will continue mobilizing resources via Trust Fund and IPPF to procure contraceptives in order to ensure that the country demand in contraceptives is met and population has access to various means of contraception.
61. The programme envisions procurement of oxytocin, magnesium sulphate, gidralazin and vitamin K.
62. Strengthening of reproductive health diagnostic (laboratory services) especially for STIs:
63. The programme will support the RH facilities with existing laboratory capacities through procurement of essential laboratory equipment and medication allowing for provision of quality diagnostic services (especially for STIs).
64. Establishment of a strategic stockpile of essential RH equipment, supplies and drugs to respond to reproductive health concerns in humanitarian situations:
65. Taking into account that UNFPA is a member of the country health cluster and Rapid Emergency Assessment and Coordination Team (REACT), the agency will allocate funds for procuring emergency equipment and supplies in order to be able to provide rapid response during the emergencies and humanitarian situations. This component will also include capacity strengthening of the national partners in health care sector on rendering relevant RH assistance in emergency situations.
66. UNFPA will work on monitoring of the use of equipment provided in the framework of the programme to ensure its relevant utilization. In case of findings that indicate irrelevant use of equipment by a certain institution, UNFPA in cooperation with its relevant national partners will make a decision on relocating such equipment to another institution in need of such support.



Output 3: Adolescents have enhanced awareness and understanding of their sexual and reproductive health needs and rights and effective behaviour for the prevention of HIV/AIDS and other STIs.

67. This output contributes to UNFPA's Strategic Plan, 2008-2011 reproductive health fourth outcome – “demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased”. The programme will utilize the following strategies to attain this output:
68. Advocacy to reduce legal and other barriers affecting young people and providing information and education on reproductive health and rights:
69. The programme will continue working jointly with WHO and MOH on assessing the national legal documents on ASRH and identify their compliance with international norms and standards.
70. As part of its advocacy for healthy lifestyle promotion, UNFPA will continue working with the Ministry of Education, UNICEF, RCST and other relevant parties to develop and introduce healthy lifestyle textbook and course into the secondary school curriculum as well as design and implementation of healthy life style projects and campaigns.
71. UNFPA will mobilize funds through GFATM to continue building capacity of health care providers on providing counseling, information and RH services to sex workers through existing RH facilities. The activity will help ensure that sex workers' needs in the area of RH are addressed without stigma and discrimination on part of the health sector representatives.
72. Elaborating a behavior change communication strategy covering adolescent sexual and reproductive health issues:
73. UNFPA will mobilize funds through GFATM and other relevant donor institutions to work with the Department on religious affairs of the President's Administration, Ministry of Education, Ministry of Culture, Committee on Women and Family Affairs, the Islamic Institute, Government Committee on Youth, Sport and Tourism, FBOs and particularly with rural religious leaders on shaping their awareness on SRH issues among adolescents and youth in rural areas. This will be achieved through conducting relevant training activities, mass media and information campaigns. These interventions will help to enhance FBOs' capacity and correct understanding of the main population and development issues and partner with FBOs to utilize their influence in tailoring efficient gender-sensitive BCC campaigns for general population.
74. UNFPA will work with MOH, Ministry of Education, UN agencies, civil society organizations and other key players on unifying the BCC strategies on ASRH to ensure that each campaign covers one specific topic and follows the principle “One message – one campaign”. This will allow for multiple partners to expand the size of the target audiences covered by each campaign and avoid confusing the audiences by providing clear and concise information on the ASRH issues in a consolidated manner.
75. The programme will continue working on development and distribution of relevant information materials on ASRH for various target audiences. The materials will be developed based on the needs assessment of various population groups and will also play significant role in advocating for ASRH issues among decision-makers.
76. The programme will support conducting research aiming at: a) identifying what communication interventions should be undertaken in order to change target groups' behavior on ASRH issues and b)



assessing how efficient undertaken interventions are. The assessment will allow for determining best practices in the area of ASRH promotion to further strengthen them and disseminate at all levels.

77. Peer education:

78. With regard to peer education activities, UNFPA in cooperation with RCST and other partners will continue strengthening the national Y-PEER Network and sensitizing its members on critical healthy lifestyle issues. The work will include adaptation and wide-scale implementation of the international peer education standards and their recognition as policy documents among the key peer education players in Tajikistan. The resources for this component will be partly mobilized through GFATM.

79. Within the next programme cycle, UNFPA will develop a comprehensive monitoring and evaluation system for peer education activities in order to ensure more efficient functioning of the Y-PEER Network in the country, Young people will be empowered through inclusion into the process of M&E system development and implementation.

80. The work in this area will also include active interventions at the grass-roots level and covering adolescents and youth living in most remote areas of the country to ensure they receive necessary information and services on ASRH. The interventions will include community and youth mobilization and their capacity building.

81. UNFPA will cooperate with the Tajik Family Planning Alliance and use its existing outreach workers' capacity in conducting the adolescents' awareness raising activities on SHR in five selected districts of the country.

82. Technical assistance in healthy life style education issues:

83. As part of its work on development and introduction of the healthy lifestyle textbook and course into the secondary school curriculum, UNFPA will work with the Ministry of Education, UNICEF and other relevant parties on capacity building of teachers in delivering this course as well as printing the textbook in an amount that will allow for meeting the existing needs in the education sector.

84. Strengthening youth friendly services and referral systems for adolescents to reproductive health care facilities:

85. The activities will include rationalization and standardization of youth-friendly services provision including the development and dissemination of standards and guidelines, strengthening cooperation with other key players in YFS area to create the resource centre for YFSs in Tajikistan, sensitization of decision-makers and communities on YFSs, strengthening the existing referral system and networks as well as providing livelihood skills training to youth. UNFPA will assist existing YFSs facilities throughout the country in terms of providing basic equipment and information support.

86. Improved condom promotion and distribution:

87. UNFPA will support its joint efforts with GFATM conducting media campaigns on condom promotion and distribution

88. Participatory planning and implementation of these activities:

89. The programme plans to include all parties involved into the participatory planning and implementation of activities with special emphasis on adolescents and youth, with focus on disadvantaged groups. This will be achieved through strengthening the work of Youth Advisory Panel, increasing and diversifying the number of its members,



90. The programme will establish UNFPA and Y-PEER fellowships for young peer educators in order to keep them motivated in educating their peers and striving to further improve the quality of their performance.

Population and Development Component

91. This component has one outcome taken from the UNDAF: (a) national and local levels of government have the capacity, including valid information, to implement democratic governance practices grounded in international standards and law, and effectively and strategically plan, finance and implement development initiatives in an inclusive and participatory manner.

Output 1: Strengthened capacity of Goskomstat to conduct the 2010 Population Census.

92. This output contributes to UNFPA's Strategic Plan 2008-2011 population and development third outcome: "data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and programme implementation". Key strategies to achieve this output will consist of the following:

93. Strengthening national capacity in demography through support to Goskomstat and other institutes involved in carrying out the 2010 Population and Housing Census:
94. Census planning, census method and analysis. UNFPA will assist Goskomstat and other relevant institutions in census planning, census method and analysis. This will include provision of consultancy, training, technical literature and exchange of experience.
95. Training and field testing. (a) preparation for the census through consultations and training on methodology identification, financial management, census form (design and testing) and mapping; (b) enumeration, including recruitment of enumerators, training shipping, interviewing verification and post-enumeration survey; (c) provisions of training on supervisory functions from national to local levels; (d) data processing, including data capture, recruitment, training, editing and tabulations.
96. Capacity building. UNFPA will work with Goskomstat and other relevant institutions on census issue with the aim of strengthening the capacity of their staff through obtaining the latest knowledge and hands-on international experience in data collection and analysis. The programme will support the national experts' participation in study tours, international conferences, workshops and seminars as well as subscription to the well-known publications in statistics and demography.
97. Sensitization of Government policy makers on the importance of reliable Census data and its use in policy making and programming:
98. Utilization of census information. UNFPA will support Goskomstat and other relevant institutions on utilizing census information in: (a) comprehensive gender analysis of population-based indicators for projections in sectoral planning; (b) using census data for the analysis of migrant population; (c) identifying number of persons living in disadvantaged areas and circumstances; (d) using census data for analysing of ageing issue, the situation with female-headed households and of other relevant issues on population and development.
99. Census advocacy. UNFPA will support Goskomstat and other relevant institutions on provision of census advocacy. The efforts will include: (a) training media personnel in census publicity and advocacy; (b) ensuring supportive policy environment and raising adequate funds for the entire census operation; (c) improving the image and credibility of Census Department of Goskomstat; and (d) improving the use of census data.



100. Sensitizing of decision makers on gender issues. (a) sensitizing policy makers on the importance of gender dimension; (b) reviewing and adjusting questionnaires, definitions and manuals from a gender perspective; (c) developing guidelines on interview techniques, such as probing; (d) training of trainers on gender issues in the census; (e) training and gender sensitization of high level functionaries, as well as supervisors and enumerators; (f) raising public awareness on gender issues, such as women's work, in census publicity; (g) gender-focused data analyses, publication and dissemination; (h) conducting public awareness campaigns.
101. Technical assistance on methodological aspects of the Census, data analysis and publication and dissemination of the Census results:

102. Dissemination of census data for development planning, policy making and monitoring. These include use of 2010 population and housing census data for: (a) disseminating integrated census microdata at no cost to academic researchers and policy makers; (b) development of the information system; (c) poverty mapping; (d) monitoring the MDGs in general in urban and rural areas; (e) level of living measurement and mapping; (f) acquiring information on gender mainstreaming and women's economic activity and youth reproductive health, and participation in development; (g) learning the situation of elderly people; (h) analysis of home and family; (i) and migration and situation of indigenous peoples; and (j) acquiring data for development.

Data processing and utilizing. UNFPA will assist Goskomstat and other institutions in: (a) data processing, data consistency checks and correction and census analysis; (b) utilizing census data for gender-sensitive poverty assessments and research; and (c) dissemination, including consultation with users, dissemination of standard table sets, publication and analysis;

103. Printed, Electronic and Web-based Products of Census results. (a) methodology of the population and housing census; (b) census in brief; (c) summary publication that outlines the basic results of 2010 population and housing census; (d) ten percent sample database (a single CD containing a 10 per cent sample of unit records created for researches); (e) community profile databases (a 12 CD package containing summarized databases on almost every census topic. It enables users to extract census tables, charts and maps down to the sub-place level. Including cross-tabulation and interactive mapping software); (f) Geographic Information System CD (contains GIS shape files of all census boundaries, designed for users with their own GIS software); (g) PX Web: enables anyone with internet access to view manipulate and download census tables online; (h) Digital census atlas (contains various census tables, charts and maps for all local khukumats and provinces in the countries); (i) Ward profiles (contains various census tables, charts and maps for electoral wards in the country).

104. Measuring of MDGs indicators using the population and housing census data:

Goal 1. (a) unemployment rate of 15- to 24-years-olds, each sex and total; (b) employment to population of working-age ratio; (c) unemployment rate; (d) proportion of the children under age 15 who are working.

Goal 2. (a) net enrolment ratio in primary education; (b) proportion of pupils starting grade 1 who reach grade 5; (c) primary completion rate; (d) literacy rate of 15- to 24-years-olds.

Goal 3. (a) ratio of girls to boys in primary, secondary and tertiary education; (b) ratio of literate females to males, 15- to 24-years-olds; (c) adult literacy rate by sex; (d) share of women in wage employment in the non-agricultural sector.

Goal 4. (a) under five mortality rate; (b) infant mortality rate.



Goal 5. (a) Maternal mortality ratio.

Goal 6. (a) Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14.

Goal 7. (a) proportion of population with sustainable access to an improved water source, urban and rural; (b) proportion of urban population with access to improved sanitation; (c) number of persons per room.

Goal 8. (a) telephone lines per 1,000 people; (b) personal computers and internet connections per 1,000 people.

105. Use of census data to estimate demographic variables. Promoting and supporting analysis of 2010 population and housing census results and using data to estimate demographic variables. This includes: (a) demographic trends and changes - including population estimates and projections by components; (b) indirect estimates of demographic variables; (c) fertility, infant and child mortality, adult mortality; (d) geographical and socio-economic factors affecting fertility and mortality related policies.
106. Use of census information for study of elderly people. Promoting and supporting culture- and gender-sensitive analysis of 2010 population and housing census results on population ageing, including its economic, social and cultural implications; socio-economic status and living arrangements of older persons. These include uses of 2010 population and housing census data for: (a) population ageing; (b) socio-demographic characteristic of elderly people; (c) characteristic of households with elderly members; (d) economic participation of the elderly; (e) poverty among the elderly; (f) life expectancy at birth and age 60; (g) analysis, dissemination and utilization of quality age and sex-disaggregated census data on older persons for evidence-based policy dialogue, development planning and programme formulation.
107. Measuring pregnancy-related mortality using the census data. Promoting and supporting analysis of 2010 population and housing census results on pregnancy related mortality, including its economic, social and cultural implications; socio-economic status of women in reproductive age and their living arrangements. These include use of 2010 population and housing census data for: (a) differentiating in pregnancy-related mortality by province, urban-rural, age of women and other socio-economic characteristics of households; (b) the rates of maternal mortality; (c) pregnancy related maternal mortality; (d) adult female deaths that are maternal; (e) lifetime risk of maternal mortality, etc.
108. Measuring migration through population and housing census: Promoting and supporting analysis of 2010 population and housing census results on use of census data for measuring migration variables. These include use of 2010 population and housing census data to: (a) assess the impact of internal migration in origin and destination areas using flow indicators matrices; (b) characterize international migration, though this question has been little used or validated at the household level; (c) net out-migration, due to poverty, with rural and indigenous populations higher than the national average; (d) estimate the attractiveness or unattractiveness of cities by examining the difference between in and out-migration relative to nearby and remote environments; (e) learn about both in and out-migration, where there is less demographic change and volatility due to public policies and natural resources; (f) analyse the socialization of internal migrants and international immigrants at migrant destinations, including through control of key variables; (g) identify net emigrant and immigrant areas at different geographical levels; (h) identify urban-rural migration; (i) assess all internal migration flows among existing geographical units through an origin-destination matrix.
109. Provision of a limited range of census related information technology and other equipment:



110. *Information technology and other equipment.* UNFPA will support Goskomstat by procuring IT and other equipment required for conducting the Census. This will include procurement of computers, copying machines, printers, UPS and other relevant equipment.
111. *Training of provincial managers in use of census data:*
112. *Use of census data:* (a) for analyzing housing condition, particularly on a sub-national basis and in urban and rural areas; (b) for monitor of MDGs in urban and rural areas; (c) for training of mid-level managers in local governments on development planning issue.

Gender Equality Component

113. The gender component has one outcome taken from the UNDAF: (a) there is an improved coverage of quality social services and assistance among vulnerable groups, particularly, women and refugees.

Output 1: Information is available for advocacy with policy and decision makers on gender inequalities, and gender based violence and preventive strategies.

114. This output contributes to UNFPA's Strategic Plan, 2008-2011 gender equality second outcome: "Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling socio-cultural environment that is conducive to male participation and the elimination of harmful practice". The major strategic activities in achieving this output will include the following:
115. *Assistance in improving information on gender inequalities, and gender-based violence and ways of reducing it, particularly aimed at policy and decision makers:* UNFPA will work closely with the Parliament of Tajikistan to sensitize parliamentarians on gender issues with focus on GBV prevention through getting acquainted with the international best practices in this filed including those of the Asian Forum of Parliamentarians on Population and Development. As a result of these educational activities and part of a high-level advocacy effort, the Parliament will initiate nation-wide conferences and other public events on combating GBV in the country.
116. The programme will also join efforts with the Parliament and MOH in order to review the RH Law and develop recommendations to ensure that it becomes a gender sensitive policy document.
117. UNFPA will work with Committee on Women and Family Affairs and the Institute of Professional Development of Civil Servants under the President of Tajikistan to include the sessions on gender issues with focus on inequalities and GBV prevention into the curricula of the Institute for province and district level decision makers to ensure enhanced understanding of these issues and further dissemination of this information among various population groups locally.
118. *Advocacy campaigns related to gender inequalities:* UNFPA will utilize a bottom-up approach in advocating for the issues of gender equality and GBV prevention working with the representatives of jamoats (rural/village councils) through sensitization campaigns in cooperation with TV and radio channels, Committee on Women and Family Affairs and religious leaders of the community. UNFPA in partnership with UNIFEM and the Gender Theme Group will contribute to establishment of a local network of male advocates on prevention of VAW and consider a possibility to join a global Network of Men Leaders established under UN SG's umbrella on 24 November 2009 with an aim to make joint contribution and confirm commitments to eliminating violence against women and girls. A special work plan will be developed together with National Taekwondo Federation and UNIFEM on further advocacy through the local network.



119. *Contribute to the development of a text book on women's human rights, including reproductive rights for students of the Tajik State University and resource materials on gender statistics for experts and policy makers:* UNFPA will contribute to implementation of the initiative by the Tajik State University and UNIFEM to introduce a course on women's human rights into curriculum for students-lawyers. The textbook drafted with a support on UNIFEM will be tested and published with a support of UNFPA. UNFPA will ensure inclusion of reproductive rights issues into the textbook and curriculum. UNFPA will also support development and publication of a brochure on gender statistics based on findings of the last TLSS and make it available for experts and policy makers for further policy analysis.

Output 2: Preventive measures and service delivery for victims of violence improved, with special emphasis on women and refugees.

120. This output contributes to UNFPA's Strategic plan, 2008-2011 gender equality third outcome: "data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and programme implementation". It is expected that this output will be achieved through the following strategic activities:
121. Strengthen capacity of reproductive health centers to provide services for women victims of violence – by this UNFPA will contribute to implementation of a Joint project by UN agencies on prevention and response to VAW. UNFPA will focus on improving capacity of staff of local reproductive health centers to screen violence and provide services for women abused by violence. Trainings will be provided to present practical models of service delivery for women abused by violence with a particular focus on pregnant women by trainers from Doctors for Children Organization which has a strong experience in targeted services for different groups (women, HIV-positive women, children, etc.) The Centers will be equipped with furniture and necessary equipment to provide services to GBV victims for a short period of time. The capacity of staff of the RH Centers on addressing the cases of domestic violence will be increased. Close links will be established between existing Crisis Centers for victims of domestic violence and newly created shelters in RH facilities to create an effective referral system. In case the victim of GBV who needs RH services and support addresses her issue in the Crisis Centre (for instance, if the case of rape has taken place), the staff of the Crisis Centre will refer her to the shelter within the RH Centre. On the other hand, if the victim is seeking for psychological and legal support, she will be directed to the Crisis Centre. The capacity of NGOs working on women's rights will be utilized in establishing the new shelters within the RH facilities and they are expected to be a more efficient way of providing counseling and referral support for victims of domestic violence as RH Centers are normally known as the place for a person to go to receive information or services in the health care sector, thus, victims of GBV will not be stigmatized by the community for addressing their issues in the RH Center or staying overnight at a place other than the husband's or parents' house. A specific attention will be paid to sharing best practices and lessons learnt through organizing a practical conference of organizations working in the field of response to VAW. Best practices will be documented and widely shared for further use and replication.

PART V. PARTNERSHIP STRATEGY

122. The major challenges that were encountered during the implementation of the second CP and which have the potential to further impede the achievement of ICPD/MDG goals are: low level of public and government administration and weak judicial and law enforcement systems that hinder project implementation and decision-making processes; weak capacity of governmental stakeholders, especially in policy and decision-making processes; the current progressing economic crisis that is influencing resources of all international aid agencies around the world and which will limit development interventions projected up to 2015; unequal access to and inappropriate distribution of financial resources



due to the ongoing restructuring of health care institutions; continued food insecurity in Tajikistan; extreme weather conditions (i.e. winter of 2007/08); unreliable national electricity, natural gas and heating supply system.

123. The country's continued experiences with poor quality of family planning services and low utilization by the population due to deep-rooted taboo on sexual reproductive health issues; the current political discussions of Russian Federation to reduce by 50% the number of labour migrants; plus the country's weak political and economic leverages in transboundary relations with the neighboring countries, additionally complicate the situation.
124. UNFPA Country Office (CO) is planning to continue its policy on: population and development; reproductive health and family planning (emphasizing adolescent SRH); capacity building in the areas of STI/HIV/AIDS and gender equality; strengthening CO advocacy efforts at governmental and public levels. The new additional focus for the CP 2010-2015 will be emergency preparedness due to the radical environmental changes at the global and regional levels that stand out as an additional variable to consider when preparing and implementing development strategies.
125. A synergetic approach with internal and external stakeholders will be used to achieve the interlinked and prioritized goals. The CO is planning to closely collaborate with other UN and international aid agencies and the Government of Tajikistan. Specifically, the CO will continue to strengthen its cooperation with the Goskomstat, MoH, and national academia, IPPF, WHO, GFATM (Global Fund to fight AIDS, Tuberculosis and Malaria), UNAIDS, Finnish Government, SSC and Committee on Women's Affairs. The third CP includes an advocacy campaign and political dialogues conducted by CO with the Government of Tajikistan to ensure closer collaboration of the Government and CO within the framework of the ICPD/MDG. Thus echoing the speech of the UNFPA Executive Director in January 2009 "on the importance of building networks at national, regional and global levels to enhance the flows of information, knowledge and experience".
126. The programme will pursue joining efforts with other UN partners within the framework of UNDAF as a major partnership strategy. It will work with the relevant UN agencies to develop joint programmes/programming in the areas where coordinating efforts can bring maximum results in achieving national development goals. The potential areas for joint programme include improving quality of maternal health care, improving in-school education on reproductive health, increasing access of population to quality information on maternal and reproductive health, educating adolescents on healthy lifestyle issues, HIV prevention and empowerment of women.
127. The specific joint programming efforts within the next programme cycle will include: (1) Joint programming with UNAIDS, UNDP and UNICEF on Advocacy on HIV aiming at achieving dramatic increase in public understanding of HIV/AIDS issues. The major focus areas for UNFPA within this joint programme will be empowering young people to protect themselves from HIV through peer education, advocacy and BCC interventions. (2) Joint programming with WHO will focus on such areas as family planning, safe motherhood, maternal audit, safe abortion, reviewing the Law on RH to ensure that it is gender sensitive and specifically addresses the issues of GBV among pregnant women, The prioritized areas of work will entail population and development; reproductive health; gender equality and emergency preparedness. To preserve its contextual national character of programme support, UNFPA is planning to continue provision of technical assistance and other need-based support to governmental structures in order to raise local capacity and ensure stronger communication lines and networking between local needs of the population and national priorities.
128. Within the framework of the third CP, the CO intends to intensify its collaboration with Goskomstat in light of the approaching 2010 Population Census; engage religious groups and conduct rigorous information campaigns led by women committees to increase public attention to women's health and



rights; intensify its strategy implementation to increase population awareness on RH/FP issues (including preventive measures against STI/HIV due to the potential inflow of at least 200,000 Tajik labour migrants). Moreover, UNFPA will strengthen the emergency preparedness component in its strategic approach considering the recent climate changes and past experience.

PART VI. PROGRAMME MANAGEMENT

129. Programme implementation will continue to be decentralized and will involve government authorities, civil society and communities at the regional and grass-root levels. In close cooperation with various bilateral and multilateral partners involved in the issues of population, reproductive health, gender and emergency preparedness, Coordinating Authority - Ministry of Economic Development and Trade (MEDT) and UNFPA will be managing the programme using the results-based approach.
130. The UNFPA country office in Tajikistan consists of a UNFPA representative, non-resident UNFPA Country Director based in Tashkent, Uzbekistan; an Assistant Representative and several support staff. UNFPA will use programme funds to recruit a National Programme Officer (RH) and two support staff. UNFPA CO will also hire project staff to ensure effective implementation of annual work plans.
131. MEDT will designate the Ministry of Health (MoH), the National Statistical Committee (Goskomstat) and the Committee on Women and Family Affairs to act as “Programme Component Managers” (PCMs), which will be responsible for coordinating the annual work plans under the programme components. PCMs will also ensure consistency of the programmatic approach and strategies and facilitate information sharing on lessons learned and effective practices among the other development partners.
132. For each programme component there will be a designated Government official.
133. Annual Work Plans will be approved by UNFPA and the respective implementing partners on yearly basis. During each year, regular reviews and monitoring of the annual work plans will be carried out to identify needed changes or modifications to be made to the modes of interventions. The revision process will also entail the provision of feedback on the effective components of the plan; as well as on those that need to be adjusted to ensure greater efficiency. Additionally, there will be regular joint field monitoring visits conducted by the Government representatives. There is a strong need to conduct a joint monitoring and coordinated capacity building between UNFPA, PCMs and its UN sister agencies in order to guarantee sustainable use of limited resources and knowledge and information share; and avoid unnecessary trainings/capacity building or other redundant initiatives.

PART VII. MONITORING AND EVALUATION

134. The regular UN Country Team meetings will closely monitor at the issue of implementation of UNDAF. Review meetings will be held with the UN heads of agencies and programme/project officers, who will be monitoring with the Government their own agency’s progress. In accordance with the UNDAF work plan, annual reviews will be held with the Government to assess the progress towards each MDGs and UNDAF outcomes. A final country programme evaluation will be conducted in 2014 to gauge its impact, provide directions for future interventions and document best practices.
135. Regular monitoring of programme activities will furnish information on operations and will be used to improve programme implementation. Participation by UN sister agencies in field trips and in meetings with Government partners will be given a top-priority. Existence of efficient and effective linkages and



synergies between programme components will be also prioritized and ensured through periodic evaluations and regular reviews. The CPAP Planning and Tracking Tool and the CPAP Monitoring and Evaluation Calendar will serve as tools for monitoring and tracking progress in programme delivery.

PART VIII. COMMITMENTS OF UNFPA

136. The UNFPA/UNDP Executive Board approved a total commitment not to exceed the equivalent of the sum of US\$ 5.5 million from UNFPA Regular Resources (RR), subject to the availability of funds, for the period 1 January 2010 to 31 December 2015 in support of the Country Programme Action Plan. The Board has also authorized UNFPA to seek additional funding to support the implementation of the Country Programme Action Plan, referred therein as Other Resources, to an amount equivalent to US\$ 3.4 million; totaling the UNFPA CP for 2010-2015 at \$8.90 million. The availability of these funds will be subject to donor awareness of, and interest in the proposed programme. Therefore UNFPA will conduct rigorous fundraising and advocacy campaigns within the donor community, both on local and international levels, in order to secure the needed financial funds.
137. UNFPA's role in the development and implementation of activities included within the Country Programme Action Plan will include supplies of equipment; procurement services on behalf of the government; technical support; fellowships, research and studies; monitoring and evaluation; information exchange and programme communication. Additionally, when needed, UNFPA will appoint programme staff and consultants to provide programmatic technical assistance and conduct monitoring and evaluation.
138. Specific details on the allocation and yearly phasing of UNFPA's assistance in support of the CP will be reviewed and further detailed through AWP. UNFPA funds are distributed by calendar year and in accordance with this Country Programme Action Plan and are subject to availability of funds.
139. UNFPA maintains the right to request the return of any cash, equipment or supplies supplied by it, which are not used for the purpose specified in the AWP. Therefore, in consultation with concerned government ministries, UNFPA maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this CPAP or AWP. UNFPA will keep the Government informed about the UNFPA/UNDP Executive Board policies and of any changes occurring during the programme period.

PART IX. COMMITMENTS OF THE GOVERNMENT

140. The 2010-2015 Country Programme will be implemented in conformity with the policies of the Government of the Republic of Tajikistan; the provisions as set forth in part one of this document; and the framework as set out in this document. The Coordinating Authority (MEDT) will be responsible for providing all involved parties with information regarding its policies and any changes occurring during the programme period.
141. The accounting procedures for supplies and equipment will conform to the general accounting procedures of the Government, which will provide such information per UNFPA request. Should any of the supplies and equipment transferred not be used for the it original purposes as outlined in the AWP and this CPAP, UNFPA may require the return of those items, and the Government will make such items freely available to UNFPA.
142. Each of the contractees shall provide periodic status reports to UNFPA on UNFPA-assisted projects and specific activities. Key indicators of physical and financial progress shall be developed for each



activity, showing the targeted and achieved objectives for each period. The parties shall mutually agree on the common form to be used and the frequency of reporting.

143. MEDT will be responsible for dealing with any claims, which may be brought by third parties against UNFPA and its officials, advisors and agents. UNFPA and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by the MEDT and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors, agents or employees. Without prejudice to the generality of the foregoing, the MEDT shall ensure or indemnify UNFPA from civil liability under the law of the country in respect of programme vehicles under the control of or use by the MEDT.

PART XI. OTHER PROVISIONS

144. The Country Programme Action Plan and its annexes may be modified by mutual consent of the Government and UNFPA, based on the recommendations of annual reviews and other circumstances. Upon completion of any programme activity outlined in the Country Programme Action Plan or the Annual Workplan, any supplies, equipment or vehicles furnished shall be disposed of by mutual agreement between the MEDT and UNFPA, with due consideration to the sustainability of the programme.
145. This Country Programme Action Plan and its annexes shall supersede any previously signed CP document and become effective upon signature, but will be understood to cover programme activities to be implemented during the period of 1 January 2010 through 31 December 2015. Nothing contained in or relating to Country Programme Action Plan shall be deemed a waiver, expressed or implied, or any of the Privileges and Immunities of the United Nations to which the Government is signatory.

IN WITNESS THEREOFF the undersigned being duly authorized, have signed this Country Programme Action Plan on this day _____ in Dushanbe, Tajikistan.

For the Government of the Republic of Tajikistan

For the United Nations Population Fund

(Signature)

(Signature)

Mr. Khamraliev F.
(Name)

Mr. R. Michael Jones
(Name)

Minister of Economic Development and Trade (Title)

UNFPA Representative for Tajikistan
(Title)

(Date)

(Date)



XII. ANNEX 1 COUNTRY PROGRAMME ACTION PLAN RESULTS AND RESOURCES FRAMEWORK

UNDAF Outcome 1. Good governance and economic and social growth are jointly enhanced to reduce poverty, unlock human potential, protect rights and improve core public functions								
Population and Development Strategies								
Expected Outcomes and Indicators	Expected Outputs	Outputs Indicators	Indicative Resources by Programme Component (US\$)					
			2010	2011	2012	2013	2014	2015
<p><u>Outcome 1:</u></p> <p>National and local levels of government have the capacity, including valid information, to implement democratic governance practices grounded in international standards and law, and effectively and strategically plan, finance and implement development initiatives in an inclusive and participatory manner.</p> <p><u>Outcome indicator:</u></p> <p>Number of Government development plans based on up-to-date population and reproductive health information <u>Baseline:</u> NA <u>Target:</u> At least 5</p>	<p><u>Output 1:</u></p> <p><u>Strengthened capacity of Goskomstat to conduct the 2010 Population Census.</u></p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of statistical reports based on the Population Census completed <u>Baseline:</u> NA <u>Target:</u> at least 10 2010 Housing and Population Census completed and preliminary tabulations available to planners by mid 2011 <u>Baseline:</u> NA <u>Target:</u> 2010 preliminary tabulations available by mid 2011 	REGULAR RESOURCES					
			OTHER RESOURCES					



UNDAF Outcome 4. Improved access for the vulnerable to quality basic services in health, education and social protection; and the health system is strengthened

Reproductive Health									
Expected Outcomes and Indicators	Expected Outputs	Outputs Indicators	Indicative Resources by Programme Component (US\$)						
			2010	2011	2012	2013	2014	2015	
<p><u>Outcome1:</u> The health system is strengthened</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> % of rural population that used primary health care services <p><u>Baseline:</u>20% <u>Target:</u>80%</p> <p><u>Outcome2:</u> Among the most vulnerable, there is greater access to and use of quality reproductive health services; including prevention of STIs-HIV/AIDS</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Proportion of women aged 15-49 years receiving ANC3 during last pregnancy Proportion of births attended by skilled personnel % births delivered by Caesarean section Contraceptive prevalence rate \ increased <p><u>Baseline:</u> 77% <u>Target:</u> 85+%</p> <p><u>Baseline:</u> 72% <u>Target:</u> 99%</p> <p><u>Baseline:</u> 4% <u>Target:</u> at least 7%</p> <p><u>Baseline:</u> 26,4% <u>Target:</u> 36%</p>	<p><u>Output 1:</u> Capacity of reproductive health workers strengthened to provide quality reproductive health care through revision of guidelines and standards and training in 25 districts</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of RH standards and guidelines adapted and available in workplace Number of RH workers trained in effective perinatal care <p><u>Baseline:</u> 2 <u>Target:</u> 10</p> <ul style="list-style-type: none"> Existing RH statistical forms revised for improved data collection and analysis Percentage of new acceptors of modern methods of family planning <p><u>Baseline:</u> RH forms are not efficient <u>Target:</u> RH forms are efficient</p> <p><u>Baseline:</u> 100 <u>Target:</u> 1,000</p> <ul style="list-style-type: none"> Percentage of RH facilities with provision of RTI/STD services <p><u>Baseline:</u> 58,6%, <u>Target:</u> 63.6%</p> <p><u>Baseline:</u> 2-3%, <u>Target:</u> 24%</p>	REGULAR RESOURCES						
		OTHER RESOURCES							
		<p><u>Output 2:</u> Health care facilities are supplied with essential reproductive health commodities including those for use in natural disasters and other emergency situations</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> % of RH and PHC facilities with no stock outs of at least three contraceptives Strategic stockpile of essential RH equipment, supplies and drugs to respond to reproductive health concerns in humanitarian situations established. Number of RH facilities covered by PEPC <p><u>Baseline:</u> TBC <u>Target:</u> TBC</p> <p><u>Baseline:</u> not established <u>Target:</u> central stockpile established</p> <p><u>Baseline:</u> 14 <u>Target:</u> 38</p> <p><u>Baseline:</u> 120 <u>Target:</u> 456</p>	REGULAR RESOURCES					
			OTHER RESOURCES						
		<p><u>Output 3:</u> Adolescents have enhanced awareness and understanding of their sexual and reproductive health needs and rights and effective behaviour for the prevention of HIV/AIDS and other STIs.</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> % young people aged 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission 	REGULAR RESOURCES					
			OTHER RESOURCES						



		<p><u>Baseline:</u> 11% <u>Target:</u> >40%</p> <ul style="list-style-type: none"> % of adolescents who can identify locations (clinics, pharmacies and other outlets) where they can obtain counselling and condoms <p><u>Baseline:</u> NA <u>Target:</u> 60%</p>						
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UNDAF Outcome 4. There is improved access for the vulnerable to quality basic services in health, education and social protection							
Gender Equality							
Expected Outcomes and Indicators	Expected Outputs	Outputs Indicators	Indicative Resources by Programme Component (US\$)				
			2010	2011	2012	2013	2014
<p><u>Outcome 1:</u></p> <p>There is an improved coverage of quality social services and assistance among vulnerable groups, particularly, women and refugees</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> % of victims who were referred have access to recovery, reintegration and psychological support services <u>Baseline:</u> TBC <u>Target:</u> TBC 	<p><u>Output 1:</u></p> <p>Information is available for advocacy with policy and decision makers on gender inequalities, and gender based violence and preventive strategies</p>	<p><u>Output indicator</u></p> <ul style="list-style-type: none"> Printed and media materials available Advocacy plan dealing with GBV prepared The Law on RH and Rights is reviewed and made gender-sensitive. <p><u>Baseline:</u> TBD <u>Target:</u> materials available</p> <p><u>Baseline:</u> NA <u>Target:</u> available health data</p> <p><u>Baseline:</u> The Law is not gender-sensitive</p> <p><u>Target:</u> The Law is gender-sensitive</p>	REGULAR RESOURCES				
			OTHER RESOURCES				
		<p><u>Output 2:</u></p> <p>Preventive measures and service delivery for victims of violence improved, with special emphasis on women and refugees</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of facilities providing GBV information and services. <p><u>Baseline:</u> TBD <u>Target:</u> TBD</p>	REGULAR RESOURCES			
				OTHER RESOURCES			

ⁱ Round Table on the Impact of the Global Financial Crisis on Migration in Tajikistan, IOM, Dushanbe, March 13-14, 2009