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United Nations Population Fund

Country programme document for Tajikistan

Proposed indicative UNFPA assistance:	$8.1 million: $3.4 million from regular resources and $4.7 million through co-financing modalities or other resources.
Programme period:	Four years (2027-2030)
Cycle of assistance:	Sixth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2027-2030

Note: The present document was processed in its entirety by UNFPA

I. Programme rationale

1. Tajikistan is a landlocked, lower-middle-income country – the poorest in the Eastern Europe and Central Asia (EECA) region — with a population of over 10 million (2024), growing at 2.1 per cent annually, with one of the highest fertility rates of the region (total fertility rate 3.5, desired 3.2). Despite reducing poverty from 81 per cent (1999) to approximately 20 per cent (2024), supported by sectoral reforms, private-sector development and remittances (approximately 49 per cent of GDP), dependence on external resources remains high. The Human Development Index is the lowest in the EECA region.

2. With 93 per cent mountainous terrain, inadequate infrastructure, and vulnerability to natural disasters, climate shocks, and security risks from the situation in neighbouring Afghanistan, geographic disparities and regional inequalities are deep-rooted – compounding development constraints that demand institutionalized, upstream solutions rather than project-based responses.

3. With a rapidly growing and youthful population – over 60 per cent of the population is under the age of 30 – Tajikistan is uniquely placed to reap a demographic dividend. This opportunity is constrained by persistent gender inequalities, unmet need for family planning, preventable maternal deaths and insufficient integration of population data into planning. This requires urgent and targeted investment in human capital – particularly for women, girls and young people. Approximately 30 per cent of youth aged 15-24 years are not in education, employment or training, but with a stark gender gap: 7 per cent among males versus 49 per cent among females.

4. Implementation of existing national strategies and reform plans for reproductive health and rights (RHR), gender equality, data and statistics face challenges due to limitations in State financing, human resource capacity, the insufficient multisectoral collaboration and robust monitoring and evaluation mechanisms. The health education system, national standards and protocols need to be aligned with international guidelines. Consequently, progress is fragmented and disproportionately concentrated in urban areas, which exacerbates regional disparities. These systemic gaps constrain both service delivery and demand, particularly among women, adolescents and those furthest left behind. UNFPA holds a unique comparative advantage in legislative reform and public finance engagement to close this gap.

5. Steady progress has been made towards reducing the maternal mortality ratio, which declined from 120 per 100,000 live births in 1995 to 24.4 per 100,000 live births in 2024. Nevertheless, this progress is unstable, as evidenced by an increase in maternal mortality to 27 per 100,000 live births during the COVID-19 pandemic in 2021. Regional disparities and weak health systems contribute to a higher maternal mortality, reaching 163.9 per 100,000 live births in Nurobod district (2024). Antenatal care coverage declined from 94 per cent in 2017 to 81 per cent in 2023 due to several factors, including challenges with accessibility, a shortage of obstetricians-gynaecologists and midwives, particularly in rural areas, rising laboratory service costs and women's limited awareness on health matters and out-of-pocket expenditures. Among the main causes of maternal mortality, haemorrhage is the leading cause (31 per cent), followed by eclampsia (27.3 per cent).

6. Tajikistan has the second-highest unmet need for family planning, at 21 per cent (26 per cent among women aged 20-29 years) and the lowest modern contraceptive prevalence in Central Asia, at 28 per cent (32 per cent for all methods). Tajikistan is a partner country of the UNFPA Supplies Partnership Programme. The Government is allocating funds from the State budget for contraceptives within the framework of the costed National Reproductive Health Programme for 2023-2027. Nevertheless, these measures have not yet eliminated the gap, as persistent social, financial and service-delivery barriers, along with stock-outs of contraceptives, continue to restrict access to and utilization of modern family planning methods, particularly in rural areas.

7. Cervical cancer is a major preventable reproductive health problem. It is the leading cancer among women, with a 54.4 per cent mortality-to-incidence ratio, which in recent years increased by 50 per cent due to insufficient coordination of national screening programmes, low capacity of service providers and inadequate diagnostic, treatment and laboratory services.

8. Despite legislative progress on violence against women and girls, root causes are unaddressed: the main barriers are discriminatory social and gender norms, deep-rooted stereotypes and harmful traditions. The Demographic and Health Survey 2023 found that 16 per cent of women experienced intimate partner violence; child marriage stands at 14 per cent; and the adolescent birth rate (47 per 1,000 girls aged 15-19 years) is the highest in the Central Asian region. Sustainable change requires transforming the normative environment by strengthening monitoring and accountability frameworks, improving educational curricula to integrate gender and RHR,

promoting gender-sensitive family policies and building alliances with parliamentarians, women's rights organizations, community and religious leaders and faith-based organizations to address gender and social norms. Addressing these challenges requires strategic communication, civic engagement and public advocacy that influence behaviours, attitudes and accountability systems.

9. Data systems are fragmented, paper-based and insufficiently disaggregated, resulting in policies and resource allocations that are insufficiently evidence-based and lack coherence, including in mainstreaming demographic shifts, harnessing the demographic dividend and ensuring demographic resilience. UNFPA is uniquely positioned to support the transition to a demographic-informed continuum of data, evidence and policies, including demographic foresight, to inform national policies and budgeting.

10. Low public awareness, especially of reproductive health and antenatal care, driven by gaps in communication, education and outreach, negatively affects maternal and neonatal health outcomes. Lack of knowledge about family planning, pregnancy risks and available antenatal services results in delays in health-seeking behaviour and compliance, consequently raising preventable morbidity and mortality. The educational data highlights this gap: while 67 per cent of women and 56 per cent of men have attained some level of secondary education or completed it, only 8 per cent of women and 16 per cent of men hold graduate degrees. A specific example of the knowledge deficit is demonstrated by the 2023 Demographic and Health Survey findings, which reported that only 10 per cent of women aged 15-24 years have adequate HIV prevention knowledge.

11. The United Nations country analysis and the 'leaving-no-one-behind' (LNOB) analysis identified populations at greater risk and those furthest left behind: women and girls in rural and remote areas, people with disabilities, young women not in education, employment or training, people living with HIV, and refugees, migrants' families, returnees and stateless persons. This exclusion is driven by the following root causes: discriminatory social and gender norms and institutional cultures resistant to normative change. The programme will adopt a selective, differentiated and tailored approach to strengthening social service delivery and enhancing protection systems, with a focus on reaching the most vulnerable populations in remote locations, particularly during and after crises.

12. The previous country programme contributed to the costed National Reproductive Health Programme, 2023-2027 (securing initial State family planning financing), revision of the Law on Prevention of Violence in the Family, establishment of the multisectoral coordination Council on the prevention of gender-based violence (GBV) under the Government, and strengthening population data through the 2020 Population and Housing Census, the reorganization of maternity houses according to effective perinatal care in target districts, and by piloting a cervical cancer prevention programme.

13. Key lessons underscore the need for sustained advocacy for State financing and a deliberate shift from project-based delivery to upstream policy work and systemic reforms, aligned with the UNFPA Strategic Plan, 2026-2029 and Medium-term Development Programme, 2026-2030.

14. The comparative advantage of UNFPA in Tajikistan lies in its thematic leadership in RHR, maternal health, family planning, GBV prevention and response, population data, and youth engagement, combined with its recognized normative authority and strong partnerships. This unique position allows UNFPA to act as a catalyst for systemic transformation, bridging policy reform, sustainable financing, service delivery and social norm change to unlock the demographic dividend and accelerate progress towards gender equality and human rights.

II. Programme priorities and partnerships

15. The proposed country programme is built on a transformative approach that enables harnessing the demographic dividend by advancing reproductive health and rights, gender equality and population data as central drivers of sustainable development. It moves beyond fragmented interventions toward a coherent approach that addresses systemic bottlenecks across policy, financing, service delivery, social norms, and data and evidence. The programme draws on lessons from previous cycles and analysis of the evaluative evidence, and is aligned with the National Development Strategy 2030, the Medium-term Development Programme, 2026-2030, sectoral policies, and national strategies and plans. The programme is aligned with and contributes to all four outcomes of the UNFPA Strategic Plan, 2026-2029, with a direct link to two of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2027-2030 and Sustainable Development Goals 3, 4, 5, 10, 16 and 17. The programme was developed through extensive consultations with the Government, Parliament, national stakeholders, academia,

youth leaders, civil society organizations (CSOs) and international development partners, in close coordination with United Nations entities.

16. The programme accelerates national commitments towards transformative results: ending the unmet need for family planning, ending preventable maternal deaths, ending GBV and harmful practices, and harnessing demographic shifts for the well-being of current and future generations. To support effective implementation, efforts will be focused on: (a) strengthening policy frameworks and accountability mechanisms, to ensure RHR, GBV and demographic resilience are considered central to human rights, gender equality and sustainable development; (b) strengthening resilient, inclusive and adaptive systems, building on national reforms; (c) securing and diversifying funding, through increased domestic financing and innovative resources, by engaging new and non-traditional partners, including international financial institutions (IFIs), utilizing blended finance and establishing partnerships with the private sector. Across all areas, the programme will apply strategic social and behaviour change communication and public advocacy to transform harmful gender and social norms, increase demand for services and strengthen accountability of duty bearers.

17. Leveraging its established normative role and strong reputation, UNFPA will implement a comprehensive partnership strategy to achieve the strategic plan outcomes effectively. This approach involves enhanced collaboration with a diverse range of stakeholders, including government partners, parliament, academia, faith-based organizations, the private sector, communities, women-led and youth-led networks, the United Nations system, development partners and CSOs. UNFPA will partner with United Nations Volunteers to engage youth volunteers and community activists, including young women, to support outreach in remote, underserved areas.

18. The programme utilizes the following accelerating strategies to emphasize transformative change: (a) human rights-based and gender-transformative approaches; (b) driving innovation and digitalization with technology and creative solutions for underserved populations; (c) data and evidence; (d) 'leaving no one behind' and 'reaching the furthest behind first'; (e) move from funding to sustainable financing; (f) resilience, adaptation and complementarity; and (g) a humanitarian-development-peace continuum approach.

19. The three interconnected and mutually reinforcing outputs provide a unified transformational vision. By integrating policy reform, systems strengthening and data-driven decision-making, these work in synergy to enhance outcomes for women, adolescents and young people, especially those furthest left behind.

A. Output 1. By 2030, strengthened policy frameworks and accountability mechanisms to advance reproductive health and rights, gender equality and demographic resilience as central to human rights and sustainable development

20. This output, contributing to UNSDCF outcomes 1 (health and well-being) and 4 (good governance, justice, and human rights), focuses on creating an enabling policy environment that positions RHR, gender equality and demographic resilience at the centre of Tajikistan's sustainable development agenda and codifies them in primary legislation.

21. UNFPA will deliver this output through a combination of policy dialogue, advocacy and technical assistance across the following strategic interventions: (a) reviewing and developing inclusive, rights-based policies, strategies and action plans, integrating RHR services, GBV prevention and response, addressing early marriage, and population dynamics; (b) reviewing and updating regulatory frameworks on RHR and GBV prevention and response, in line with international standards, best practices and accessibility requirements for marginalized groups, including persons with disabilities; (c) operationalizing health system reforms, which encompasses reviewing, developing and institutionalizing national standards and clinical protocols based on international standards, to ensure comprehensive access to rights-based and high-quality family planning, maternal and newborn health care and GBV prevention and response services for all, including persons with disabilities; (d) developing and maintaining effective monitoring, evaluation and accountability mechanisms, to ensure proper implementation of policies and standards on RHR, GBV prevention and response, addressing harmful practices, and on population statistics; (e) strengthening multisectoral cooperation on acceleration of the ICPD agenda and advancing RHR, GBV prevention, promoting women's and girls' empowerment and demographic resilience; (f) conducting evidence-based advocacy to generate national commitment and secure sustainable financing for family-planning services; (g) integrating inclusive, evidence-based standards on maternal and newborn care, family planning and GBV prevention and response into health education curricula; and (h) integrating RHR and GBV prevention and response into national disaster preparedness, risk reduction and emergency response frameworks, including the Minimum

Initial Service Package and the Inter-Agency Standing Committee (IASC) Guidelines on GBV services in crisis situations, with inclusive approaches applied.

B. Output 2. By 2030, strengthened the capacity of systems, institutions, and communities to deliver high-quality, people-centred, comprehensive reproductive health services and information, as well as essential services to address gender-based violence and harmful practices for women, girls and young people

22. This output, contributing to UNSDCF outcomes 1 (health and well-being) and 4 (good governance, justice and human rights), draws upon the achievements of the previous programme cycle and is designed to reinforce systems and support long-term, sustainable strategies to enhance the quality, equity and sustainability of RHR services, with particular attention to rural and underserved areas. The programme will work at multiple levels to transform social and gender norms and strengthen survivor-centred GBV services in remote rural districts.

23. Strategic interventions include: (a) technical assistance to the key government partners for a comprehensive review of national systems related to maternal health, family planning and gender equality, to ensure coherent alignment of these systems with the ongoing and planned sectoral reform initiatives; (b) advocacy and technical support in scaling up the midwifery programme at the primary health care level and for integrated, gender-responsive and inclusive RHR services and advancing universal health coverage, with a specific emphasis on reaching the most marginalized populations; (c) technical support in implementing policy frameworks and enhancing the regional management capacity for a sustainable scaling-up of rights-based family planning, perinatal care and emergency obstetric care programmes and to reinforce maternal death surveillance response systems in underserved areas; (d) advocacy and technical support in expanding the cervical cancer prevention programme at subnational levels; (e) technical support in scaling up the use of an electronic logistics management information system to strengthen supply-chain management for family planning services and reduce contraceptive stock-outs; (f) advocacy and technical support in strengthening GBV prevention and response by enhancing inclusive access to high-quality and coordinated health, psychosocial, legal support, shelter and referral services; (g) technical support in scaling-up national standards on adolescent- and youth-friendly reproductive health services, ensuring inclusive access for all adolescents and youth; and (h) technical support to national partners in implementing community mobilization and demand creation strategies for disability-inclusive RHR and GBV prevention services in remote rural areas, with a focus on addressing the root causes and transforming discriminatory social norms.

C. Output 3. By 2030, strengthened data and statistical systems, analysis and foresight to improve responsiveness to population change and enhance demographic resilience

24. This output aligns with UNFPA Strategic Plan Outcome 4, adapting to demographic change through evidence-based and rights-based policies. It will enhance production, analysis and the use of high-quality, disaggregated population data to inform evidence-based policymaking and resource allocation, as well as for humanitarian preparedness and response. By factoring in key demographic trends and their socio-economic implications, such as high fertility, regional disparities and the demographic window of opportunity, this output supports national efforts to harness the demographic dividend, build demographic resilience and align policies with national and subnational development priorities.

25. The demographic intelligence generated will directly inform policy dialogue, advocacy, legislation, financing, effectiveness of national budget allocation and service delivery improvements, and support norm-change initiatives described in the preceding outputs, ensuring that government programme interventions are grounded in population evidence and reach those furthest left behind.

26. UNFPA will deliver this output through a combination of technical assistance, capacity strengthening and evidence-based advocacy across the following strategic interventions: (a) providing technical assistance to the fourth Population and Housing Census in 2030 and laying the groundwork for establishing a national population register; (b) improving the disaggregation of population data, by sex, age, geographic location and other equity dimensions, to facilitate gender-responsive and LNOB evidence to policymakers, enabling a more effective planning and targeted resource allocation; (c) enhancing national capacity in demographic literacy for the production and utilization of scenario analysis, foresight approaches, population projections and research on RHR, gender equality and population dynamics, to better respond to key drivers shaping future programming and access to RHR, GBV prevention and gender equality and to safeguarding equitable access for women, youth and persons with

disabilities; and (d) promoting digital transformation and artificial intelligence-enabled solutions as accelerators across RHR, gender equality and demographic statistics.

III. Programme and risk management

27. The Ministry of Economic Development and Trade will oversee the implementation of the country programme. National and regional government partners, including sectoral ministries, committees and national institutes, will implement the various components in collaboration with civil society organizations, religious leaders, academia and the private sector. The Joint Steering Committee of the Government and the United Nations, established for the UNSDCF 2027-2030, will be utilized to ensure programme synergies and joint accountability.

28. The programme will be implemented primarily through the national implementation modality. UNFPA will actively contribute to the joint business operations strategy and the harmonized approach to cash transfers, applied in coordination with other United Nations organizations to manage financial and operational risk as well as audit recommendations and management commitments on programme oversight. South-South and triangular cooperation will be promoted to share regional innovations. An integrated partnership and resource mobilization plan will engage IFIs, bilateral donors, the private sector, thematic funds and government co-financing mechanisms, shifting the focus from funding to 'funding and financing'.

29. The UNFPA will maintain a streamlined structure comprising a head of office and national staff responsible for implementation and oversight of country programme outputs. The human resources realignment, conducted within the framework of the Uzbekistan country programme for 2026-2030, included the clustering of two positions between the country offices of Tajikistan and Uzbekistan to strengthen the overall skills mix, facilitate knowledge sharing and enhance regional coherence in results-based programming. Project staff will be engaged to administer activities funded through other resources. The office will coordinate closely with technical units at UNFPA headquarters, the regional office, implementing partners and the United Nations country team to strengthen programme effectiveness and ensure operational compliance.

30. The programme adheres to UNFPA enterprise risk management requirements, incorporating risk management into all phases of planning and implementation to ensure timely identification, mitigation and monitoring of risks that may affect the delivery of results.

31. The following risks to programme implementation have been identified: (a) shrinking and volatile financing amid diminishing official development assistance; (b) frequent natural disasters, climate-related shocks, and border-related security concerns affecting field operations; (c) fiduciary and accountability risks, including limited implementing partner capacity; (d) persistent data gaps and fragmented, paper-based information systems constraining evidence-based policy dialogue; (e) lengthy national approval processes for implementation of programme activities; (f) resistance to normative change, and (g) persistent social and gender norms.

32. These risks will be mitigated by: (a) diversifying resource mobilization through increased domestic financing, in-kind contribution and innovative resources, engaging new and non-traditional partners (private sector, IFIs), and utilizing blended finance and public-private partnerships; (b) strengthening humanitarian preparedness within the United Nations system through institutionalized minimum preparedness actions aligned with inter-agency contingency plan processes, flexible financing and coordinated contingency planning to ensure rapid activation of the Minimum Initial Service Package in crisis settings; (c) strengthening financial management systems of implementing partners, applying risk-based harmonized approach to cash transfers and mandatory protection from sexual exploitation and abuse measures, complemented by ongoing monitoring, including periodic capacity assessments, to ensure sustained compliance with financial and operational standards; (d) investing in digitalization and inter-operability of health and population data systems; (e) providing early technical support to accelerate national approval processes; (f) evidence based advocacy and engagement with key actors of civil society, United Nations, IFIs, government bodies, parliament, community and religious leaders, influencers, women and youth activists, to accelerate localization of new policies and systemic reforms as well as transforming harmful social norms; and (g) UNFPA social and environmental standards will be applied throughout to prevent inadvertent harm.

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

IV. Monitoring and evaluation

34. UNFPA will implement a robust monitoring and evaluation framework grounded in results-based management and aligned with the UNFPA Strategic Plan, 2026-2029, and UNSDCF 2027-2030. UNFPA will actively participate in government and United Nations-led annual reviews and joint coordination mechanisms to monitor collective results and ensure alignment with national priorities.

35. Joint monitoring visits will be conducted with government counterparts and United Nations entities to assess progress in policy reform, systems strengthening and service delivery in the areas of RHR, gender equality, youth empowerment and population dynamics. Monitoring will apply a 'leaving no one behind' lens, with particular attention to geographic disparities and the needs of women, adolescents, young people, migrants and other vulnerable populations.

36. The programme will apply adaptive management approaches to remain responsive to evolving demographic trends, fiscal conditions and emerging risks. Regular programme reviews will assess progress against the country programme results, identify bottlenecks and inform timely course corrections. Quality assurance measures, including field monitoring missions, spot checks, programme and performance assessments of implementing partners, will be undertaken in line with UNFPA policies and procedures to strengthen accountability and transparency.

37. Key achievements, lessons learned and good practices will be systematically documented to enhance institutional learning and programme effectiveness.

38. In collaboration with the Government and the United Nations country team, UNFPA will contribute to system-wide monitoring and reporting through UN Info and national reporting platforms, ensuring coherence and alignment with the UNSDCF results framework. UNFPA will support the development and implementation of joint workplans and contribute to consolidated results reporting, including by co-chairing UNSDCF outcome results groups and thematic and technical working groups. The organization will support national reporting on the 2030 Agenda for Sustainable Development, including voluntary national reviews, and contribute to reporting on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), the Convention on the Elimination of All Forms of Discrimination against Women, Universal Periodic Reviews accepted recommendations and other relevant international and regional commitments.

39. A costed four-year evaluation plan will guide the strategic selection, timing and resourcing of evaluations to assess the relevance, effectiveness, efficiency and sustainability of the country programme. The plan ensures that evaluations are prioritized, feasible and aligned with corporate evaluation norms and standards, as well as national priorities, thereby strengthening accountability, organizational learning and evidence-informed decision-making. In parallel, a comprehensive monitoring and evaluation framework will guide the systematic tracking of programme performance against planned outputs and indicators, enabling adaptive management and timely course correction to accelerate the achievement of results.

40. UNFPA will continue to strengthen national capacity to generate, analyse and use high-quality population data, including demographic projections and thematic analyses, to enhance evidence-based policymaking and improve responsiveness to population dynamics. Adequate financial and human resources will be allocated to monitoring, evaluation and data systems. Evidence generated throughout implementation will inform strategic decision-making and the design of the subsequent country programme.

RESULTS AND RESOURCES FRAMEWORK FOR TAJIKISTAN (2027-2030)

NATIONAL PRIORITY: National Development Strategy 2030; Midterm Development Programme 2026-2030; Strategy on Healthcare of Population of the Republic of Tajikistan up to 2030; National Strategy on Activation of the Role of Women 2021 – 2030.				
UNSDCF OUTCOME: 1: By 2030, people in Tajikistan–especially women and the most vulnerable–have improved health, food security, and nutrition, and are protected from shocks. 4: By 2030, people in Tajikistan—especially women, youth, and the most vulnerable—benefit from more inclusive, transparent, and accountable governance, rule of law and justice systems.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction in the unmet need for family planning has accelerated; 2. By 2029, the reduction of preventable maternal deaths has accelerated; 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicator(s): Not available yet Related UNFPA Strategic Plan Outcome indicator(s): ● Percentage of births attended by skilled health personnel *Baseline: 88% (2019);* *Target: 99% (2030)* ● Percentage of the increase in government budget allocated to family planning *Baseline: 18% (2023);* *Target: 30% (2030)*	Output 1. By 2030, strengthened policy frameworks and accountability mechanisms to advance reproductive health and rights, gender equality, and demographic resilience as central to human rights and sustainable development	● Number of rights-based policies, regulatory frameworks, and action plans related to the advancement of RHR, supported by UNFPA, addressing gender and social norms, GBV, and harmful practices, and transforming demographic trends, including in humanitarian contexts *Baseline: 3 (2025); Target: 6 (2030, cumulative)* ● Number of national standards and clinical protocols developed/revised and supported by UNFPA to ensure universal access to high-quality, inclusive, integrated reproductive health and gender-responsive services, with a specific focus on reaching the most underserved populations *Baseline: 19 (2025); Target: 24 (2030, cumulative)* ● Number of functional monitoring and accountability mechanisms on RHR and gender equality aligned with international standards, established or strengthened with support of UNFPA *Baseline: 0 (2025); Target: 3 (2030)* ● Number of national education programmes that have integrated evidence-based content on maternal and newborn health, family planning, and gender equality *Baseline: 0 (2025); Target: 2 (2030)*	Ministry of Health and Social Protection, Ministry of economic development and trade, Committee on Women and family affairs, Parliament, Ministry of justice, General Prosecutor Office, Ministry of Internal affairs, Agency on statistics, Committee on Religious affairs, Committee on Emergency situation, National Reproductive Health Centre, World Health Organization (WHO), United Nations Children's Fund (UNICEF), World Bank, Islamic Development Bank.	$1.7 million ($0.7 million from regular resources and $1.0 million from other resources)
	Output 2. By 2030, strengthened the capacity of systems, institutions, and communities to deliver high-quality, people-centred, comprehensive reproductive health services and information, as well as essential services to address gender-based violence and harmful practices for women, girls, and young people.	● Number of district maternity houses reorganised to implement evidence-based, effective perinatal care and maternal death surveillance and response systems in Khatlon and Sughd provinces *Baseline: 44 (2025); Target: 60 (2030, cumulative)* ● Number of RH facilities with functioning new electronic logistics management information system within the national health management information system *Baseline: 25 (2025); Target: 69 (2030, cumulative)*	The Ministries of Health and Social Protection of Population, Internal Affairs, Education and Science, Justice, Parliament of the Republic of Tajikistan, the Agency on Statistics, the Committees of Women and Family Affairs, Religious	$4.6 million ($2.0 million from regular resources and $2.6 million from other resources)

		● Number of reproductive health centres that integrate national standards for adolescent- and youth-friendly reproductive health services in districts of Khatlon, Sughd and Districts of Republican Subordination (DRS) *Baseline: 8 (2025); Target: 28(2030, cumulative)* ● Number of district RH institutions implementing the national cervical cancer prevention programme in Khatlon and Sughd provinces *Baseline: 10 (2025); Target: 26 (2030, cumulative)* ● Number of victim support rooms and GBV shelters providing high-quality survivor-centred and reintegration support services in line with international standards in Sughd, Khatlon, GBAO provinces and Districts of Republican Subordination (DRS) *Baseline: 24 (2025); Target: 30 (2030, cumulative)* ● Number of districts with functional diversity inclusive multi-sectoral coordination platforms, supported by UNFPA, to prevent and respond to gender-based violence and harmful practices and address discriminatory gender and social norms *Baseline: 12 (2025); Target: 18 (2030, cumulative)*	Affairs, Youth and Sports and Emergency Situations and Civil Defence under the Government of the Republic of Tajikistan, the National Reproductive Health Centre, National AIDS prevention Centre, the 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, GIZ, civil society organizations (CSOs), local province, district and jamoat government authorities, private clinic on SRH, namely "Nasl", gender, youth and community platforms, Republican Associations of Obstetrician and Gynaecologists and Midwives.	
	Output 3. By 2030, strengthened data and statistical systems, analysis, and foresight to improve responsiveness to population change and enhance demographic resilience	● The Population Housing Census 2030 methodology developed *Baseline: No (2025); Target: Yes (2030)* ● Number of national institutions with strengthened demographic literacy to integrate population data and evidence into planning and budgeting *Baseline: 0 (2025); Target: 8 (2030)* ● Number of evidence-based analytical products on population dynamics, RHR and gender equality produced and disseminated *Baseline: 0 (2025); Target: 4 (2030)*	Parliament of Tajikistan, Ministry of Economic Development and Trade, Ministry of Health and Social Protection of Population, Ministry of Labour, Migration and Employment of Population, Agency on Statistics, Agency of Innovation and Digital Technologies, Institute of Economics and Demography, World Bank and other IFIs, United Nations Development Programme (UNDP), UNICEF, International	$1.6 million ($0.5 million from regular resources and $1.1 million from other resources)

			Organization for Migration (IOM), WHO, CSOs, academia, think tanks	
Programme coordination and assistance				$0.2 million from regular resources