Tajikistan Country Programme Performance Summary

A. Country Information		
Country name: Tajikistan		
Category per decision 2007/42:	**Current programme period: 2010-2015**	**Cycle of assistance: 3**

B. Country Programme Outputs Achievement (*please complete for all your CP outputs)*

Sexual and Reproductive health

Output 1. Strengthened national capacity for emergency obstetric and newborn care (EmONC).

Indicators	Baseline 2010	Target 2015	End-line data 2014
Number of RH standards and guidelines adapted and available in workplace	**2**	**10**	**27**
Number of RH workers trained in EmOC	**100**	**600**	**1000**
Number of maternity hospitals adopted near miss case review methodology	**5**	**20**	**31**

Key Achievements

1. Thanks to the strategic partnership between UNFPA, WHO, UNICEF, USAID, GIZ more than 1000 health professionals (ob/gyns, neonatologists, midwifes) have been trained on EmOC within EPC Programme. Within EPC programme 27 national standards and guidance have been developed on maternal and neonatal health care (obstetric bleeding, physiological delivery, eclampsia, complicated deliveries, infection control and etc.) and approved by the MoH decree and available at the work place (country programme target - 10).
   In the frames of confidential enquiry of near miss cases, 60 local protocols were developed, approved and being implemented by health professionals of regional maternity houses (Sogd, Khatlon and Dushanbe). As a result of implementation of national standards and protocols the quality of services has been improved.
   UNFPA has supported the MoH with a series of inter-related activities on strengthening of Emergency Obstetric Care within Effective Perinatal Care Programme (EPC). This include evidence based advocacy (more than 45 technical meetings at different level of health sector), technical assistance (6 international, 20 national), capacity building activities (15 trainings), monitoring and mentoring (19 districts), cross visits (between 10 maternity houses) and external (2) and internal assessments (21), public awareness activities on EPC (22 TV and radio programs).
2. UNFPA evidence based advocacy resulted in MoH Decree on implementation of Beyond the Number Programme in Tajikistan. Comprehensive step-by-step approach has been used in introduction of BTN: development of legislative and normative base, capacity building activities (TA, trainings), monitoring and mentoring (cross visits between selected trained maternity houses, supervisory-mentoring visits, monitoring and assessments on confidential review of maternal mortality), and near miss analysis. Strategic partnership has been established on BTN with WHO and GIZ. As a result of joint efforts Near Miss Analysis was extended from 5 maternity houses to 31 (instead 20), more than 60 facility protocols are developed and under the implementation.

Output 2: **Strengthened national systems for reproductive health commodity security (RHCS)**

Indicators	Baseline 2010	Target 2015	End-line data 2014
% of SDPs offering at least three modern methods of contraception	**47%**	**67%**	**70%**

Key Achievements

1. In 2013 with the technical support from UNFPA MoH developed the methodological recommendations on contraceptive supply and distribution; two FP protocols were developed and approved by MoH. This initiative was a joint effort of UNFPA, USAID and GIZ under the leadership of MoH. UNFPA put all efforts to include principles of freedom from discrimination, coercion and violence; however Tajik legislation requires parents' information/presence for consultation and treatment of teenagers up to 16 y.o.

2. With the support of UNFPA the nationwide LMIS for contraceptive supply has been introduced and run by the National RH Center (MoH). Notably, no stock out signals from SDP level had been reported for the last FIVE years. GPRHCS funded activity to assess LMIS system by international consultant proved the effectiveness of the system overall and left valuable recommendations for further consideration.

3. Over 200 health managers from PHC and RH institutions of various levels benefitted from three 1 day RH/FP/ANC Regional Coordination Meetings conducted within the joint UNFPA/WHO/USAID and GIZ initiative. The focus of this initiative was to increase demand for family planning services as contributing factor in FP strategy output 2 through integration of FP services at PHC facilities and provision of at least 3 types of contraception at SDP level. Aimed at integration of services, UNFPA emphasized the need for strong coordination of integration process by RH directors and PHC managers. UNFPA and partners will continue their efforts facilitating development joint working plans by PHC and RH managers and better coordination between them.

Output 3: Enhanced national capacity for addressing the HIV and SRH needs of young people and sex workers, including through networks

Indicators	Baseline 2010	Target 2015	End-line data 2014
% of young people 15-24 who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconception about HIV transmission	**11%**	**>40%**	**45%**
# of networks supported by UNFPA to engage in programmes addressing HIV and SRH-needs of young people and sex workers	**At least one network**	**3 networks**	**3 networks**

Key Achievements

1. Starting from 2010 onwards UNFPA is closely collaborating with Youth Committee on increasing knowledge on HIV prevention among rural youth and adolescents. Youth Committee selected as a strategic partner to reach adolescents in rural and urban areas. During the reported period in total 300 young people were trained directly on HIV prevention by Youth Committee. Indirect coverage of rural and urban youth amount approximately up to 5,000 people. Indirect coverage was achieved during mass gathering at various public events. UNFPA also contributed to capacity building component of Youth Committee through development of various e-tools on HIV prevention, development of a strategies, guidelines, etc.

2. Although the incidence rate is low, HIV/AIDS has been identified as a major public health problem. The HIV epidemic in Tajikistan is in a concentrated stage - i.e., it has spread and is growing among key populations of men having sex with Men (MSM), sex workers (SWs) and People who inject drugs (PWID). UNFPA support highly corresponds to the needs and human rights of MSM and SWs in Tajikistan where the availability of targeted interventions in public institutions is generally low and preventive efforts for key populations are lagging behind. In addition, pervading stigma and discrimination, including on the part of civil servants, bring shame and fear of punishment, disclosure and rejection to SWs and MSM, creating difficulties reaching them. UNFPA continued its capacity building and networking effort with 19 local NGOs united under three umbrella network organizations AntiSPID, Apeiron, Fidokor. Additionally one NGO was involved in program implementation as a resource organization for provision of technical support on the MSM component. In 2014 partner organizations provided HIV prevention services to 3,620 SW and 4,784 MSM while number of clients reached by services in 2013 was 5992 and 2645 for SWs and MSM respectively. The decrease in number of SWs received services as well as significant increase in number of MSM received services was due to the new targets set by donor. Remarkably, umbrella approach employed by UNFPA has proven its effectiveness and efficiency. Additionally donor set new requirement for the minimal package of services coverage indicator. It now includes distribution of IEC, condoms/lubricants and counseling to the client. In 2014 1648 SW and 1851 MSM clients were referred for VCT, while in 2013 3984 SWs and 1140 MSM received VCT. The main reason for the decrease is massive "moral" raids by MIA that forced many clients to go underground.

Adolescence and Youth

Output 1: Strengthened national capacity for the design and implementation of comprehensive age-appropriate sexuality education in policies and curricula.

Indicators	Baseline	Target	End-line data
Number of HLSE manuals and textbooks developed and published	**2**	**4 HLSE manuals and textbooks to be published and available**	4 HLSE manuals for 10-11 grades are available in Russian, Tajik and Uzbek languages
Number of YFS /RH centers using the adopted and translated WHO OP manual.	**5**	**20 YFS /RH centers adopted WHO OP manual**	At least 100 specialists of 40 RH/YFS centers are equipped with skills by trainings using WHO OP

Key Achievements

1. UNFPA has strengthened its partnership with Tajikistan Education Academy and thanks to UNFPA CO's continuous advocacy and programme actions, the initiative on introduction of HLS education into the curricula of the secondary schools is moving forward. UNFPA CO has undertaken important advocacy actions to revise the national program on HLS education and include all topics within the UNFPA mandate. The decree of the MoE was issued in 2010. The Russian versions of textbooks and manuals for schoolchildren and teachers of 10th and 11th grades are finalized; their design is adopted and finalized. The documents were reviewed and approved by Tajikistan Education Academy before printing.

2. The documents have been translated into the Tajik language and Tajik versions to be published. UNFPA provided additional support to strengthen the capacity of HLSE Resource Center established under the TEA and the institution itself. Office equipment, stationery and information materials were procured and transferred to the TEA, leaflet about the Resource Center is published, and PSA on HLSE is produced.

3. UNFPA CO cooperated with UNDP HIV/AIDS, TB and Malaria Control Programme and thanks to fundraising efforts of the AR gained financial support for publication of 5,500 copies of above mentioned documents. In addition, UNDP printed more than 5000 copies of IEC materials developed by UNFPA CO related to HIV prevention among youth. By the end of programme cycle the teacher training for teachers of Dushanbe secondary schools, publication of HLSE manuals in Tajik language and translation of them into the Uzbek language will be done.

4. In the past years, four national trainings on use of WHO OP for provision of quality and comprehensive ASRH services were conducted in the regions followed by monitoring missions. More than 100 specialists from RH/YFS centers are trained. Two advocacy meetings were conducted with heads of YFS/RH Centers in Khatlon and Sughd regions for sensitization of this initiative. By the end of programme cycle training will be completed for participants from remaining regions of the country and technical assistance mission to prepare the analysis and road map for the next CP cycle conducted.

Gender Equality

Output 1: Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings.

Indicators	Baseline 2010	Target 2015	End-line data 2014
Number of social and healthcare facilities providing better services and consultations on GBV cases.	**0**	**20**	**20**
Number of CBOs/NGOs, covered by gender transformative programming (GTP)	**0**	**4**	**40 SCOs and 5 sport organizations**
Number of adolescents, covered by activities on gender transformative programming (GTP)	**0**	**4 Communities covered with activities on GTP, with ~2,000 adolescents.**	**4 Communities; 2,500 adolescents.**

Key Achievements

- In 2012 UNFPA jointly with the MHSP RT and CWFA started piloting the concept of Victim Support Rooms, as a part of multi-sectored integrated GBV response system.
- In 2014 the rooms have been institutionalized by the Order of the MHSP RT. CO assisted in developing Regulation and GBV Registration cards latter approved as the attachment to the Order.
- 10 health facilities with victim support rooms have been sensitized via study tour to Moldova on inter-sectored approach to response GBV
- In the end of 2014 CO printed 20 journals with set of GBV reg. cards in Tajik and Russian languages for 8 victim support rooms (6 districts and 2 in Dushanbe), State Women's Center and Girls Support center. Collection of GBV statistics is started.
- By the end of the programme cycle CO will assist the MoH in establishing the Resource Center under the National RHC for institutionalization of GBV and provision of MISP training for health workers.
- CO has trained 30 staff of local authorities, 20 SCOs and 5 sport organizations; but they will start implementation of the accountability mechanisms for addressing the RR, RH and GE since 2015-2016.
- More than 2,000 sport youth and population covered by actions and social networks;
- Key messages of mindset and GTP campaign reached over 78% of population via National TV

Output 2: Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings.

Indicators	Baseline 2010	Target 2015	End-line data 2014
Reports, printed media materials are available	**Reports, printed media materials are not sufficiently available**	**Reports, printed media materials to be sufficiently available**	**Reports, printed media materials are available**
The Law on RH and Rights is reviewed and made gender-sensitive.	**The Law on RH and Rights is not gender-sensitive.**	**The Model Law on RH for CIS is adopted by the country and is gender sensitive.**	**The Law on RH and Rights is reviewed and made gender-sensitive.**

Key Achievements

- State Statistics Agency under President of RT opened a webpage on Gender Equality data and statistics
- GBV registration cards are distributed to VSRs
- Report on application of gender sensitive laws by judges are distributed
- Fact sheet on early marriages are distributed
- GE related materials are distributed and handed over to the Women's Committee
- National Action Plan on observation of CEDAW recommendations is in place
- Response of RT is made to implementation of 2 accepted UPR recommendations directly and 1 indirectly, related to GE and SRH (NAP is in place).
- The Law of RT of prevention of domestic violence is in place.
- The "State Program for the Prevention of DV on 2014-2023 years" is adopted.
- Ombudsman of RT and the CWFA GRT agreed to establish a GE Unit.
- The Lower Chamber of Parliament RT announced of the new obligatory subject for the secondary schools of Tajikistan "Gender behavior".
- The Parliament introduced a practice of gender expertise for all new laws and policies.

Population and Development

Output 1 Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings.			
Indicators	**Baseline 2010**	**Target 2015**	**End-line data 2014**
Number of persons trained in the production, analysis, dissemination of disaggregated population data	**0**	**1,200**	**1,097**
Number of population-related studies and surveys conducted with UNFPA support.	**0**	**6**	**6**
Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	**0**	**1**	**1**

Key Achievements

1. The focus of the program was on building national capacity of data production, utilization and dissemination of population data. National specialists were trained in diverse aspects of population related data production, utilization and dissemination such as: conducting population and housing census, DHS, integrated household budget surveys, natural population movement, population handbook, international classification of diseases etc,

2. The program supported national institutions to conduct population related surveys and studies. During the cycle a number of surveys were conducted: population and housing census in 2010, demographic and health survey 2012, ageing in Tajikistan, in-depth population trends, study of housing results, unmet needs for contraceptives and other population related surveys. The surveys improved quality of statistics and built a solid foundation for reference for further strengthening development efforts, evidence-based programming and policy making.

3. UNFPA has contributed to development policy that account for population dynamics, emerging issues and projection. ICPD program of action was reviewed with UNFPA support and the results were presented in global conference that discussed beyond 2014 commitments. For the first time, mid-term poverty reduction strategy "Strategy on population living standards improvements" includes population issues and demographic projection. Government is committed to tackle population issues and establish demographic projection system under it.

C. National Progress on Strategic Plan Outcomes	**Start value**	**Year**	**End value**	**Year**	**Comments**
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Outcome Indicators 1. At least 95% of service delivery points at the national level have seven life-saving maternal/reproductive health medicines from the WHO priority list	**0**	**2014**	**0**	**2015**	**In 2015 the current essential drug list for EmOC will be reviewed**
Outcome Indicators 2. Contraceptive prevalence rate (total)	**26,4%**	**2010**	**30,0%**	**2014**	**Medical statistics reports only on modern methods**
Outcome 1 indicator 3: Proportion of demand for contraception satisfied (total)	**55%**	**2012**	**58%**	**2014**	**DHS 2012**
Outcome indicator 4: Percentage of countries in which at least 60% of service delivery points have no stock-out of contraceptives in the last six months	**45%**	**2011**	**70%**	**2014**	**UNFPA SPR 2012-2014**

Outcome 1 indicator 5: At least 80% of live births are attended by skilled health personnel	**72 %**	**2010**	**94 %**	**2014**	

Summary of National Progress

1. As existing maternal health life-saving drug list for the maternity houses is outdated (from 2008) and didn't reviewed according to new WHO seven life-saving maternal health medicines. This list includes a long list of drugs (>30), costly and not efficient. Maternity houses need to procure all these items and keep them in reserve for provision of EmOC. WHO recommended new seven life-saving maternal/reproductive health medicines priority list (2014). Starting 2014 the MoH will start reviewing its essential drug list for EmOC to be used at the maternity houses.

2. The overall FP programme in TJK is based on the National RH Strategic Plan till 2014. The plan accepted CPR indicator at the national level and reporting is done through the national medical statistics agency under MoHSP. Within the given strategic plan, the country has developed national guidelines and methodological recommendations for the provision of modern methods of contraceptives. Along with this initiative the country developed monitoring and mapping tools to trace the quality of FP services provided at outpatient RH clinics. The country took ownership over the Logistic Management and Information System developed and supported by UNFPA in recent years. The number of contraceptives had been expended from 4 to 8 types since 2010. Today, 4 regional level RH facilities are equipped with RH warehouses and managing RH stocks at their own under the coordination with National RH center and UNFPA.

3. Proportion of demand for contraception satisfied as an indicator is not available either in the strategic plan or in the medical statistics. However it is possible to calculate this indicator properly using the formula: total contraceptive use divided by the sum of unmet need plus total contraceptive use i.e (30/20.9+30 = 58%). The recent 2012 DHS Survey reported on unmet need for contraceptives at 22.9% while overall CPR reported at 28%. Demand satisfied at this point was 55% accordingly.

4. It has been logically perceived that the given indicator has closest relation to the one that National RH strategic plan works on i.e. availability of at least 3 types of contraceptives at SDPs. Early findings in 2011 within the joint UNFPA and MOHSP M&E missions drew baseline data on the overall situation with access to FP services and availability of modern methods of contraceptives. Since 2011, UNFPA in collaboration with MoHSP (NRHC) collects this data based on reports provided by regional RH facilities and cross-check visits to the selected regions and district level RH facilities. This approach allows MoH today to track how reporting data is accurate and brings average numbers to the annual stats. At the same time, all findings within such joint visits allow us to see how logistics system is running at different level RH facilities.

5. Government of Tajikistan approved National Plan of Action on Safe Motherhood, 2008-2014 (SP). The indicator "Skilled birth attendance" is included into this strategic plan. Therefore, in line with above SP and Effective Perinatal Care Programme (EPC), the MoH conducted reform of maternal and newborn health services in the country. 27 national standards and 60 clinical protocols are developed and implemented. The capacity of more than 1000 health professionals strengthened to provide quality obstetric care services. Two Joint WHO, UNFPA and USAID Assessment of quality of care to mother and child are conducted. EmoC centers have been established. WHO's Beyond the Numbers approach is approved by the MoH decree and implementing at the 31 pilot maternity houses. As result of all efforts including implementation of EPC, BTN and establishment of EmOC institutions access to quality obstetric care services at all level improved, birth attended by skilled health professionals is increased (72%-2010; 94%-2014), home delivery decreased. All together led to reduction of Maternal Mortality Ratio in Tajikistan (46.5 in 2009, 33 in 2013).

UNFPA Contributions:

1. As per CP 2010-2015 Evaluation recommendations, review of the existing essential life-saving drug list within WHO seven life-saving maternal health medicines is included into CPD 2016-2020.
UNFPA CO within its Work Plan for 2015 will provide technical support to the MoH&SPP to implement this activity.

2. CPR is a nationally owned indicator agreed and approved by the Government within the National RH strategic plan till 2014. In this aspect, UNFPA supported MoH in the development of national guidelines and methodological recommendations to render quality FP services at outpatient RH clinics. To date UNFPA is the sole agency providing contraceptives for free. In order to increase the populations' choice in the modern methods UNFPA agreed to increase the number of contraceptives from 4 up to 8 including new subdermal implants such as Implanon and Jadelle. TJK became the first country in CA that integrated subdermal implants. Today, over 90 RH specialists are certified to provide subdermal implants. Besides this, UNFPA supported over 10 types of publications and information materials for the population totaling with more than 50,000 prints within the last 5 years. RH mobile clinics as a mean to target remote areas have covered over 35000 people with information on FP and on-place contraceptive services.

UNFPA re-trained over 40 teachers from medical colleges on the aspects of FP and new methods of contraceptives and provided all medical colleges with anatomical models for practical application.

3. UNFPA developed LMIS system is now nationally owned and its further support was done to meet topping up requirements where the country today is able to stock and transport RH commodities on their own management and resources. To satisfy demand in contraceptives UNFPA increased a number of contraceptives as stated above. Along with this UNFPA engaged PHC managers to increase demand at lower level RH facilities. However, to make a stronger note on availability of at least 3 types of contraceptives MoHSP should issue an order to all PHC and RH facilities as a must documents to comply and report accordingly.

4. UNFPA supported the MoH with introduction of EPC and reforming of maternal and newborn health care services in accordance with international standards. 2 Policy and 7 regulation documents have been developed and approved. Three levels of referral system have been established: 1st – 127 SDPs Basic EmOC; 2nd – 68 SDPs Comprehensive EmOC; 3rd –5 SDPs Specialized EmOC. In line with this reform process first National perinatology Centre is established. Thanks to UNFPA, BTN approach has been approved by the MoH and implemented at the 31 maternity houses (instead 20). UNFPA contributed to development of national standards (27) and protocol (60) developed within EPC and BTN. 5 EmOC centers were supported by UNFPA to increase access to EmOC services and skilled birth attendance.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health					
Outcome 2 indicator 1: Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	11	2010	40%	2014	SPR, COAR, Committee of Youth Affairs/MoHSPP/NRHC data
Outcome 2 indicator 2: Country has laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services (Yes/No)	No	2010	Yes	2014	SPR, COAR, Committee of Youth Affairs

Summary of National Progress

Currently the main actions in the national level aimed at awareness raising and informing of the young women and men in the sphere of ASRH, STDs and HIV preventions are the capacity building of YFS centers for provision of these services. YFS first established in TJK in 2007. In 2010 YFS were institutionalized by the decree of the Government of Tajikistan. Thanks to the support from various agencies, including UNICEF and UNFPA special YFS reporting form #24 was developed and tested. Till 2013 reporting was optional; in 2014 YFS reporting become mandatory (the first data will be available in June 2015). In 2014 21 YFS were functioning countrywide. According to the 2013 data 29,453 adolescent and young people visited YFS centers in 2013 (females - 22212, males - 7241). 20,205 visitors were identified as youth at risk. However, there is no recent data on percentage of young women and men who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, but the raising number of youth covered by ASRH services and counseling shows significant improvement of the situation.

Another strategy aiming at awareness raising among youth is peer education programme currently being implemented by the Committee of Youth Affairs as a result of UNFPA sensitization took place within the last five years. Additional efforts are being made by national Y-PEER network which currently receives minor support from UNFPA and mobilizes additional resources from partners.

UNFPA also played a crucial law in ensuring adolescents' needs and rights reflected in the national legislation. UNFPA is a part of all national working groups on review/development of national law, programmes and policies related to A&Y, for instance, the National Youth Health Development Strategy and National Youth Policy till 2020 were developed with active UNFPA participation. This year UNFPA CO was a part of review of National RH law and development of the new Health Code of the RT, where the A&Y issues also were included.

Below is the list of main national laws and programmes with needs and rights of adolescent and youth incorporated:

1. Law on Reproductive Health and Reproductive Rights 2002
2. Law of the RT "On Public Health Protection"
3. National Youth Health Development Strategy 2011-2013
4. National Youth Policy till 2020
5. National AIDS Programme 2011-2015
6. National Strategy for Health Care of Children and Adolescents until 2010-2015
7. National Program on HLSE in secondary schools
8. Law of Volunteerism, 2013
9. National Health Strategy (NHS) of the Population of the Republic of Tajikistan 2010-2020.
10. National Strategic Plan on RH till 2014.

UNFPA's Contributions

UNFPA was a major partner of the Ministry of Health and Social Protection of Population in capacity building of the medical personnel working at the RH/YFS centers. UNFPA had multiple wide actions in the course of the year to make sure that adolescent and youth have access to quality and reproductive health counselling and HIV services.

UNFPA works with the heads of local health branches and YFS/RH Centers in order to promote provision of youth-friendly RH services to young people, especially those at risk. In addition, UNFPA regularly cooperates with mass media to raise awareness and promote ASRH issues, strengthens the capacity of youth networks and supports youth participation.

By the end of programme cycle UNFPA will continue its advocacy efforts to sensitize national partners and involve partners for elaboration of plans for the next CP cycle.
UNFPA continues active involvement of the young people into the programme development and implementation to ensure programme efficiency and provide access to their peers to quality SRH information and services. Hence, wide national campaigns were conducted by youth under the UNFPA guidance in 2014: World Youth Day campaign with more than 1,000 young people involvement, more than 3,500 US$ raised without any financial contribution from UNFPA, wide scale National Youth Voice Conference, etc.

UNFPA CO constantly advocates for incorporation of ASRH into the national laws, policies and programmes. High level advocacy is being conducted by UNFPA CO management in the frames of ICPD+20 review and follow up and MDG review. UNFPA has very strong working relations with key national partners – decision makers in this sphere (MoHSPP, CYAST). The achieved results are indicated above.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
Outcome 3 indicator 2: Number of Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle that actions has been taken on	**0**	**2010**	**2**	**2014**	
Outcome 3 indicator 3: Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	**74%**	**2005 (MICS)**	**55% (DHS)**	**2013**	

Summary of National Progress

- Only one in five women suffered from VAW, looks for supports and services (DHS 2012)
- In 2013, Tajikistan had a Gender Inequality Index (GII) value of 0.383, ranking it 75th of 152 countries
- Domestic resources for advancing GE are insufficient very low percentage of the national budget allocated to it - i.e., 0.7%.[1]
- By 2015 Tajikistan became full-fledged member of the Commission on the Status of Women (CSW) in NY.
- Since 2010 several laws and decisions have been adopted aimed at eliminating VAW and discrimination
- In early 2014, a National Programme on the Prevention of Violence for 2014-2023 was approved.

UNFPA Contributions:

- Tajikistan submitted its combined 4th and 5th periodic reports to the CEDAW Committee 56th session in October 2013.[2] This process benefitted from UNFPA inputs[3] and support, including a two-day mock session organized by UN agencies to help prepare the government delegation to present its report to the CEDAW Committee. In April 2014, UNFPA co-initiated an event with experts and members of the national working groups on CEDAW and the UPR, which identified synergies between the two processes.
- By 2015 Tajikistan became full-fledged member of the Commission on the Status of Women (CSW) in NY. UNFPA prepared and shared with the State a package of background materials, relevant data, advisory note to ensure meaningful participation of State representatives in the event.
- UNFPA facilitated recommendations for improving the gender sensitivity of the justice system; it encouraged the Ombudsman Office to champion women's rights and reduce gender stereotypes. It helped secure a commitment of parliament to screen laws from a gender perspective.
- In 2014 National gender machinery has made a request to UNFPA to support drafting of the National Family Development Concept.
- Under the UN SG's UNiTE Campaign, including with the support of UNFPA, the National Taekwondo Federation has successfully created its own social movement for gender equality and the empowerment of women and girls[4]
- UNFPA's initiative to pioneer 10 victim support rooms in state maternity hospitals for temporary stay of women victims of violence is very welcome given the dearth of shelters and services in Tajikistan.
- The recently signed MoH victim support room order and regulation is an important step for institutionalizing VSRs in Tajikistan
- UNFPA trained 250 health workers on response to GBV and currently makes efforts to institutionalise collection of GBV statistics and establishment of the Resource Center for training of health workers. UNFPA makes concrete steps to establish coordinated mechanism on multi-disciplinary response to GBV (educational study tours and follow up for health sector)

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Countries that had at least one census of good quality that was processed, analysed and disseminated following internationally agreed recommendations (during the last 10 years) Yes/No	**No**	**2010**	**Yes**	**2014**	
Countries that have collected, analysed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years) (Yes/No)	**No**	**2010**	**Yes**	**2013**	
Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	**No**	**2010**	**Yes**	**2013**	

[1] In 2013, 15 staff members in the Dushanbe central office and 200 staff in offices at district, municipal and regional levels, with a budget of TJS 1,786,360, approximately USD 361,415 (source: CEDAW/C/TJK/Q/4-5/Add.1).

[2] CEDAW/C/TJK/4-5 dated 22 March 2012.

[3] Paragraph 79 explicitly mentions the VSRs.

[4] http://www.unfpa.org/news/martial-artists-fight-gender-discrimination-violence-tajikistan

Summary of National Progress

1. In 2010, the Government of RT conducted the 2nd Population and Housing Census. It was the 2nd national population census to be carried out during the independence of Tajikistan and the first time for the population census to be accompanied by a housing census. In 2011, UNFPA conducted an independent evaluation of the census. The final report revealed that census conducted in line with internationally-agreed recommendations while adapted to national needs.
2. UNFPA provided technical support to the first-ever DHS Survey in Tajikistan, undertaken in collaboration with USAID and the Statistical Agency. A number of questions were tailored to Tajikistan. Also thanks to UNFPA, the survey was enriched with modules on domestic violence, antenatal care (ANC) as well as breast and cervical cancer. Notably, this marked the first time that representative primary data on the prevalence and nature of domestic violence were collected. In 2013, the results of the survey were discussed at a national conference. They are widely referenced in publications.
3. Thanks to UNFPA, the Living Standards Improvement Strategy (LSIS), the concluding phase of the NDS, includes for the first time a population dynamics chapter, including a national population expenses survey. As a follow-up, UNFPA committed itself to support the Ministry of Economic Development and Trade (MEDT) to establish a basic national system for population projection in view of future socio-economic development plans.

UNFPA Contributions

1. UNFPA has helped modernize population data collection and lay the foundation for better data analysis and dissemination. Coordination of resource mobilization from other development partners, support for capacity building and support for pre-census advocacy, data collection, analysis, dissemination and post-enumeration survey. The programme supported the conduct, launch and dissemination of TjPHC, TjDHS.
2. In 2012, UNFPA co-organized a national-level survey and consultations in the context of the global ICPD Beyond 2014 Review. Findings from this process were presented to a regional ICPD conference in Vienna in 2013 where country representatives agreed to continue the ICPD agenda. Subsequently, at the country level, the Tajik national parliament established a National Council on PD to advance implementation of the ICPD PoA, consisting of parliamentarians as well as representatives of the Government of RT and NGOs.
3. In 2013 UNFPA sponsored the study of in-depth analysis of demographic trends in Tajikistan which was later used as an input into the 2014 Tajikistan Human Development Report to emphasize the connection between Tajikistan's population situation and its influence on human development.
4. UNFPA supported the conduct and dissemination of a number of surveys and studies that triggered discussions and attention on population issues among development partners and Government: ageing in Tajikistan, in-depth population trends, study of housing results, unmet needs for contraceptives, factsheet on early marriages etc

E. Country Programme resources 2010-2015 (as of 25 of March, 2015)

SP Outcome Choose only those relevant to your CP	**Regular Resource (Planned and Final Expenditure, $)**		**Others (Planned and Final Expenditure, $)**		**Total (Planned and Final Expenditure, $)**	
Sexual and Reproductive Health	2,710,238.44	2,341,154.00	2,443,733.11	2,007,171.29	5,153,971.55	4,348,325.29
Adolescence and Youth	607,885.60	514,980.67	35,599.30	34,940.84	643,484.90	549,921.51
Gender equality and women's empowerment	650,072.40	637,554.89	49,470.14	36,774.79	699,542.54	674,329.68
Population and Development	864,562.71	760,338.84	7,474.00	-	872,036.71	760,338.84
Programme coordination and assistance	284,186.10	220,511.67	-	-	284,186.10	220,511.67
Total	5,116,945.25	4,474,540.07	2,536,276.55	2,078,886.92	7,653,221.80	6,553,426.99