Executive Summary

Achievements:
As follow-up action to ‘A Promised Renewed’, UNICEF collaborated with the Ministry of Health of Tajikistan to conduct a causal analysis of infant mortality, which involved an audit of all facility-based deaths of infants in 2012. The analysis shows that up to half of infant deaths assessed were preventable and the study sets a clear agenda for future implementation of ‘A Promise Renewed’ in Tajikistan.

On 5 September 2013, Tajikistan became the 42nd country to commit to scaling up nutrition with the ‘SUN’ Movement. UNICEF played a critical role in advocating for Tajikistan’s joining and facilitated the process. Joining this global partnership will help the Government of Tajikistan in developing a cross-sector approach to improve the nutrition status of its population.

In August 2013, UNICEF supported the Government of Tajikistan to host the fourth Central Asia Child Protection Forum, focused on the rights of children with disabilities. Participants discussed ways to create inclusive policies, systems and services for CWD. In Tajikistan, the Forum also helped to accelerate plans for the signing and ratification of the Convention on the Rights of People with Disabilities.

UNICEF supported the Government of Tajikistan to secure a grant of US$16,200,000 from the Global Partnership for Education, advocating for a much needed focus on early learning and on inclusion of children with disabilities in the education process.

Shortfalls:
As part of the Mid-Term Review, UNICEF concluded that its approach to WASH in schools was not effective, did not represent value for money and was neither sustainable nor viable for national scaling up. On this basis, the MTR decided to discontinue construction and supplies for WASH in schools, and instead continue hygiene education as part of broader life skills.

There is, as yet, limited progress on the de-institutionalization of children. At the end of 2013, UNICEF Tajikistan initiated an assessment of children in institutions, looking in particular at the trajectory leading to their institutionalisation, to gain a stronger understanding of the bottlenecks and barriers preventing de-institutionalisation. This assessment will inform programming and advocacy.

Partnerships:
The preparatory work and follow-up to the 2013 Central Asia Child Protection Forum allowed UNICEF Tajikistan to cement strong partnerships with associations of parents of children with disabilities and disabled people’s organisations. These partnerships are already proving instrumental in advancing programming work and advocacy for the realisation of the rights of children with disabilities, not least for Tajikistan’s signing and ratification of the Convention on the Rights of People with Disabilities.

UNICEF forged a partnership with the World Bank on health sector financing. Jointly, the organisations will support the Ministry of Health in the roll-out of results-based financing in the health sector. Results-based financing is expected to make a major contribution to efficiency gains in the under-funded health sector of Tajikistan.

In 2013, UNICEF Tajikistan took on the coordinating role in the social protection working group of the Development Coordination Council. This positions the organisation to facilitate policy dialogue between Government and development partners on much-needed social protection reform.
Country Situation as Affecting Children & Women

Overview
Tajikistan remains the poorest country in the CEECIS region, with a GNI per capita of US$860 in 2012. The country ranks 125th out of 187 in the Human Development Index. The last income poverty estimate was 47 per cent (2009). The economy is heavily based on remittances from labour migrants and export of cotton and aluminium. While significant progress has been made towards the MDGs, gains are continuously threatened by Tajikistan’s multi-faceted vulnerability to external economic shocks, natural disasters and the tensions associated with its geopolitical position. The long-serving President was re-elected for a seven year term in November 2013, which provides an element of stability.

Child Survival and Development
Government spending on health is still well below financing requirements and compares poorly to other countries in the region at 1.8 per cent of GDP (2011). Consequently, out-of-pocket expenditure is high and a barrier limiting access to health care for the poor. A coherent, results-focused reform of health sector financing is a top priority.

The 2012 Demographic and Health Survey confirms a decline in infant and under-five mortality (now 34 and 43 per 1,000 live births). However, neonatal mortality is stagnating at 19 per 1,000 live births. This calls for continued attention to the quality of antenatal and neonatal care. A causal analysis of infant mortality carried out with UNICEF support in 2013 shows that up to half of all infant deaths that occurred in health facilities in 2012 may have been preventable. Capacity of health personnel and the availability of essential medical supplies and equipment are the main bottlenecks that prevent accelerated progress.

The nutritional status of children continues to be of concern. The 2012 DHS shows only marginal improvement in stunting and deterioration in wasting and underweight figures for under-fives since 2009. A 2012 UNICEF and World Bank Nutrition Situation Analysis for Tajikistan estimates that malnutrition costs Tajikistan about 1 per cent of its GDP annually in economic losses. The bulk of these losses could be prevented by nationwide introduction of cost-effective interventions such as the promotion of appropriate infant and young child feeding, universal salt iodisation, micronutrient supplementation and management of severe and acute malnutrition.

In 2010, Tajikistan experienced a large scale polio outbreak, which led to a re-focusing on immunisation. Polio and Diphtheria immunization campaigns were organized to address immunity gaps, paying particular attention to geographical areas and population categories with low immunity levels. A 2012 EPI review provided recommendations to improve immunization planning, vaccination practices and cold chain management.

The number of registered cases of HIV is growing rapidly in Tajikistan. There is concern about the increasing number of women and children infected and the increasing proportion of cases transmitted sexually or without known cause of infection. At the end of 2013, there were 362 confirmed HIV-positive children. Over a third of them are not covered by ARV, due to stigma, discrimination and parents’ low confidence in the health system.

Education
Pre-primary education is not compulsory in Tajikistan, and access is extremely limited, particularly in rural areas. The net enrolment rate (ages 3-6) is 8.9 per cent, the lowest in the region. The National Strategy for Education Development (NSED) aims to increase access to pre-school education to 50 per cent of 5-6 year olds by 2020. This requires new forms of pre-school services and expansion of the role of the private sector. A UNICEF study shows that 2.2 per cent of 7-10 year olds and 3.7 per cent of 11-15 year olds were out of school in 2010. The children most at risk are girls, children with disabilities (CWD), children from poor households, working children, children from single-parent households, children in institutions and children in rural and remote areas. A comprehensive approach is required to address the remaining enrolment and attendance issues, with special attention for inclusion of CWD.

The quality of education in Tajikistan is unsatisfactory, as reflected in learning achievements. In 2011, 30
per cent of girls and 31 per cent of boys in Grade Two did not meet national standards for reading fluency, rising to 45 per cent and 56 per cent, respectively, in Grade Four. Government is planning to address the quality of education by moving from a knowledge-based curriculum towards a competency-based curriculum. Life skills based education will be mainstreamed throughout the new curriculum.

Child Protection

About 26,000 children are officially registered as CWD in Tajikistan, but the actual number is in all likelihood much higher. CWD are among the most vulnerable children in Tajikistan and least likely at present to see their rights realised. Government is showing increasing commitment to a more inclusive approach to CWD and is making steps towards signing and ratifying the Convention on the Rights of People with Disabilities.

The number of children in residential care institutions has changed little over the past decade. An estimated 268 children under three remain in residential care institutions as of February 2013. The population of residential care institutions includes ‘social orphans’, whose parents cannot care for them. At the end of 2013, UNICEF initiated an assessment of children in institutions, focusing among other things on the trajectory that led to their admission to an institution. This assessment is expected to yield insights into the bottlenecks and barriers that prevent more rapid de-institutionalisation.

Most children who come into conflict with the law are suspected of property-related crimes. The proportion of convicted children receiving a custodial sentence is considerable (31 per cent in 2011). Children in conflict with the law may become subjects of torture and ill-treatment, particularly during the initial arrest and inquiry phase. The number of children referred to alternative services for diversion or non-custodial sentencing remains small.

There is an apparent increase in the number of suicides and attempted suicides amongst children and youth. A UNICEF-commissioned study in 2011 estimated an average yearly rate for Sughd Region (2009-2010) of 12.2 suicides per 100,000 Young Persons aged 12 – 24. Among the factors contributing to suicidal behaviour are domestic violence, loss of a loved one, forced marriage and unjust blame. Mental health services are poorly developed in Tajikistan and specialized services for young people do not exist.

Country Programme Analytical Overview

In 2012/2013, the Government of Tajikistan and UNICEF conducted a Mid-Term Review of the Country Programme of Cooperation. The purpose of the MTR was to assess programme implementation; to identify lessons learned; to consider changes in the situation of children; and to agree the required adjustments to the country programme. In addition, the MTR worked towards an improved results orientation and identified potential effectiveness and efficiency gains. The MTR was an opportunity to sharpen the equity focus of the programme and paid special attention to Children with Disability (CWD), who are amongst the most disadvantaged in Tajikistan. Consideration was also given to better integration of cross-cutting themes such Early Childhood Development and Youth.

Based on the results of determinant analyses, the MTR agreed a tighter focusing of the programme on the bottlenecks that are assessed as most off track and which the Programme of Cooperation is strategically positioned to address. Across the programme, bottlenecks related to social norms and social practices and beliefs were identified. This highlights the need to strengthen communication for development work within the country programme. In many outputs, the overall resource allocation to the sector in question is highlighted as a bottleneck. This shows a need for more focused attention to children’s issues in central and local budgeting processes. The determinant analyses also showed that out-of-pocket expenditure for social services poses a financial barrier for the most disadvantaged. This indicates a need to engage more directly and proactively with social protection reforms.

The new results structure for the country programme, agreed at the time of the MTR, entails a reduction from 20 to 14 outputs. Under child survival and development, sharper focusing has resulted in a reduction to three outputs, prioritizing child survival, nutrition and HIV/AIDS, in line with the evidence gathered in the situation analysis update. The basic education and gender equality component is proposed to be renamed to education, reflecting a shift of focus to all children out of school or at risk of dropping out, in line with
evidence gathered. The number of outputs under this component reduces to three, now focused on early learning, out-of-school children and the quality of education. The separate output on WASH in schools is discontinued, reflecting lessons learned which showed that the Country Programme did not succeed to establish a model for WASH in schools that was appropriate to local circumstances, sustainable and affordable for national scaling up. Emergency Preparedness and Response is also discontinued as a separate result. In the child protection component, the previously separate outputs on family support care and family substitute care have been combined into one result on child care reform, with a focus on preventing and reducing institutionalisation of children, especially for children under three. This result is closely aligned with the regional UNICEF agenda of ending placement of children under three in institutions. The output on Juvenile Justice has been broadened out to Justice for Children, which also incorporates work with child victims of crime and rights violations.

Humanitarian Assistance
UNICEF Tajikistan appealed for US$1,872,500 for humanitarian response through the 2013 HAC. At the end of 2013, a total of US$766,800 (about 40 per cent of the requirement) was received. The highlights of UNICEF Tajikistan’s humanitarian action in 2013 are:

- UNICEF provided a timely response to the 5.2 earthquake that occurred in Yovon and Vahdat districts on 10 November 2013, which destroyed over a hundred houses and rendered several schools unsafe for use. UNICEF released emergency supplies, provided cluster lead support in Education and WASH, and supported Government with the physical assessment of damage to schools
- In partnership with Tajik Red Crescent Society and Danish Refugee Council, a Contingency Plan for Child Protection in Emergencies was developed and finalised
- Over a hundred Government and civil society representatives were trained in the provision of psychosocial support
- UNICEF and WHO supported the Ministry of Health in organising a training workshop on community management of severe acute malnutrition. More than 25 national, regional and district experts are able to provide guidance and management of severe malnutrition at community level
- In Rasht, reconstruction of two schools damaged in the 2012 earthquake and rehabilitation of one school damaged by severe winter conditions.

Effective Advocacy

Fully met benchmarks

UNICEF Tajikistan is an increasingly vocal and influential advocate for child rights in Tajikistan.

In 2013, UNICEF continued to advocate for children’s nutrition in Tajikistan, building on research and analytical work completed in previous years, including a situation analysis of the economic and health costs of malnutrition carried out with the World Bank and independent monitoring of the implementation of laws on salt iodisation and breastfeeding. The 2012 Demographic and Health Survey provided further evidence base for advocacy for Government attention on the nutritional status of children and commitment to the implementation of proven, cost-effective interventions that can address this problem. UNICEF ensured nutrition was high on the agenda of the Development Coordination Council, rallying development partners behind the issue. As a result of sustained advocacy, the Government joined the global ‘Scaling Up Nutrition’ movement in September 2013, thereby committing to improving maternal and child nutrition, with a special focus on the 1,000 days between conception and a child’s second birthday. Joining the SUN movement will help to focus efforts by Government, civil society partners and donors on this cause.

Special emphasis was given to advocacy for the rights of children with disability, around the launch of the State of the World’s Children report and the Fourth Central Asia Child Protection Forum, hosted in Dushanbe in August 2013. The Forum brought together more than 130 representatives from the five Central Asian countries and leading experts from around the world to exchange and review for the first time their policies and practices of inclusion of children with disabilities. It brought about a much stronger understanding of the issues faced by children with disabilities among all stakeholders. The five governments made commitments to reinforce national policies and systems to ensure the full inclusion of children with disabilities into society and
bring visibility to this invisible group. Follow up advocacy with other UN agencies and civil society towards Parliament and Government has given stronger momentum to Government plans to ratify the Convention on the Rights of People with Disabilities and support its implementation.

The celebration of UNICEF’s twentieth anniversary in Tajikistan was an important advocacy opportunity in 2013. This occasion was used to celebrate achievements for children, but also to outline remaining challenges for the realisation of child rights and to set out the aspirations for children in the future. A range of advocacy approaches was used, including a publication, a film, a celebratory event with high-level participation from Government and the international community, and extensive coverage in traditional and social media.

In three priority districts (Isfara, Kulob and Rasht), UNICEF initiated work in 2013 to demonstrate the importance and the feasibility of integrating a child rights focus into the local planning and budgeting process. A combination of approaches is used, including partnerships with civil society and youth to build a broad advocacy platform for child-focused planning and budgeting. This work has included training for youth on the Government budgeting process and a participatory situation analysis of child rights in these districts.

**Capacity Development**

*Fully met benchmarks*

The capacity of Government staff is highlighted as a bottleneck across the determinant analyses for the current country programme. Low salaries, lack of professional development opportunities, frequent staff turnover, and appointment practices that are not based on merit, are the main factors that undermine Government capacity. Consequently, UNICEF Tajikistan has a strong emphasis on capacity development.

Targeted capacity building was provided to staff in the health sector as follow up to the EPI review conducted in 2012. Health sector staff also received training on neonatal resuscitation, PMTCT and YFHS. Training on community management of malnutrition was rolled out at national, regional and district levels.

The social work profession in Tajikistan is not yet well-established, which is a bottleneck particularly for the child protection component. In 2013, UNICEF supported the Practical Training Unit for Social Work and Innovations to develop a three day training for staff of Social Assistance at Home Units (SAHU) from selected districts to raise awareness on new regulations and social work practices. Social work skills of staff working in Centres of Additional Education were also enhanced, in the context of Juvenile Justice Alternative Projects.

In the field of juvenile justice, UNICEF supported Master Trainers to develop training packages for police, prosecutors and judges. It is expected that the developed training materials will lay the foundation for mandatory training on juvenile justice in national training institutes. A specialized course on child rights is established at the Tajik National University, with a focus on Juvenile Justice. In 2012, the Police Academy introduced a course on juvenile justice, and work is on-going to incorporate a juvenile justice curriculum in and pre-service training for judges and prosecutors as well.

Further support was extended to the Agency on Statistics in 2013, particularly to strengthen their ability to manage and update Tojikinfo. Capacity of the Agency on Statistics, relevant Ministries and local authorities to collect reliable data on child rights-related indicators was also enhanced.

In 2013, UNICEF started working intensively with the Ministry of Economic Development and local authorities of three priority districts, to build their capacity to integrate child rights issues into the local planning and budgeting process. Capacity of youth organisations was also enhanced, by engaging them in a participatory situation analysis and raising their awareness of the budget process.

The capacity of journalists to report on child rights issues was enhanced through the rolling out of the child rights syllabus for journalists across all regions of the country. There are good prospects for the integration of the child rights syllabus into the journalism faculties at institutes of higher learning, which will systematically boost the ability of future journalists to report ethically on child rights issues.
As part of HACT assurance measures, the financial management capacity of UNICEF implementing partners was strengthened in 2013 with a tailored training. UNICEF also continued its work with the Ministry of Finance to strengthen public financial management, with training for finance staff in local governments.

**Communication for Development**

*Mostly met benchmarks*

UNICEF Tajikistan initiated a new collaboration with UNICEF Uzbekistan in 2013, benefiting from the advice of their C4D specialist. The Uzbekistan Country Office C4D specialist made one visit to Tajikistan in 2013 and has been providing long-distance support throughout the year as well. A C4D strategy for the Tajikistan country programme was developed, focusing on those areas where social norms, practices and beliefs have been highlighted as key bottlenecks in determinant analyses. Capacity building on C4D for UNICEF staff and key partners will be delivered in 2014. This will allow C4D to be taken forward by all programme staff as a mainstream programme strategy. This validates the decision in the 2013 PBR to abolish the post of P3 C4D officer, which had never been filled given the difficulties in mobilising funds for this post.

The most important new C4D initiative in 2013 was the work that has started on the introduction of an animated TV series, focused on early childhood development. The animation series will be modelled on Kyrgyzstan’s successful ‘Magic Journey’ TV programme. The idea for the introduction of a similar programme in Tajikistan was sparked initially by the determinant analysis for the output on early learning and school readiness. Apart from promoting children's early development, the TV series will also be used to communicate important ECD messages to parents and caregivers. A partnership agreement was reached with OSI Tajikistan and preparatory steps have been taken that will allow initial training and production to start in 2014. There will be extensive pre-testing of the series and a participatory approach will be used in development the format and the content of the programme. A thorough M&E approach will be used to document the impact of this initiative.

The country office also continued using the C4D approach to pursue particular outputs, particularly those held back by unfavourable social norms, practices and beliefs, or insufficient awareness amongst parents and caregivers. In those areas, the country office developed materials with clear messages and ensured their dissemination to the targeted audience. Worth highlighting is the launch of the Facts for Life nutrition section, translated into Tajik and regularly screened TV spots on breastfeeding and salt iodisation; C4D efforts around the 4th Central Asia Child Protection Forum, focused on the rights of children with disabilities; a film on CWDs and their plight, which was prepared in the context of the launch of the State of the World’s Children report focused on disability; and work by the Education section on girls’ education, WASH and DRR.

**Service Delivery**

*Fully met benchmarks*

In 2013, UNICEF supported a quality and coverage assessment of the Youth Friendly Health Services, which were established with UNICEF support to provide access to reproductive health services for adolescents, with a particular focus on those most at risk. YFHS are functioning in 21 locations across Tajikistan. This assessment included a youth-led certification process of the services provided in the YFHS facilities. Young people were central to the entire certification process, from data collection to report writing. Follow-up actions to cover the gaps that remain in the services were agreed with the Ministry of Health. With the closure of the most recent round of funding under the GFATM, donor funding for YFHS is drastically reducing. Inclusion of funding for YFHS in the Government budget, which UNICEF advocated and provided technical support for in recent years, will ensure the continued operation of these important services.

Over the course of the current country programme, UNICEF has successfully demonstrated an alternative model of providing early learning opportunities, which was important given the very low enrolment rate of 3-6 year olds in pre-schools (less than 10 per cent). UNICEF contributed directly to expanded access by supporting the establishment of 164 low-cost, quality ECE settings in 9 districts. Furthermore, UNICEF provided support to improve the operational and financial functioning of ECE settings. Alternative models of
early learning are now well recognised by Government and are formally mentioned in the Law on Early Childhood Education and Care. The Ministry of Education and Science and District Education Departments have independently established 888 centres based on the model promoted by UNICEF. The most recent Global Partnership for Education grant includes further funds for the expansion of early learning opportunities. With the model well established, UNICEF is shifting its attention increasingly to the quality of the established services.

An important innovation promoted by UNICEF regarding services in the justice sector is the establishment of child-friendly court rooms and investigation rooms in those courts that hear the highest number of cases involving children. The removal of the cage in which a suspect is usually placed makes the court appearance less traumatic for children suspected of committing a crime. Child-friendly investigation rooms with CCTV installed allow children to appear as witnesses without having to meet the perpetrator of the crime they fell victim to or were a witness to.

A study initiated by UNICEF in 2013 will shed light on the quality of social protection services to children with disabilities. The study has been commissioned to investigate bottlenecks and barriers encountered by children with disabilities and their parents and caregivers in accessing the social benefits and services that they are entitled to. The study is carried out in Isfara, Kulob and Rasht and will conclude early in 2014. Results will be used to inform advocacy and programming to improve social protection services for children with disabilities.

### Strategic Partnerships

**Fully met benchmarks**

On 5 September 2013, Tajikistan became the 42nd country to commit to scaling up nutrition with the ‘SUN’ Movement. About a quarter of children under age 5 in Tajikistan are stunted and food insecurity continues to challenge the population, particularly in rural areas. Joining this global partnership will help the Government of Tajikistan to boost its efforts in addressing childhood malnutrition and in developing a cross-sector approach to improve the nutrition status of its population.

UNICEF forged a strategic partnership with the World Bank in the field of health sector financing. Jointly, the organisations will support the Ministry of Health in the roll-out of results-based financing in the health sectors. UNICEF will be responsible in particular for developing and implementing the independent verification mechanism within the newly established system. Results-based financing is expected to make a major contribution to much needed efficiency gains in the under-funded health sector of Tajikistan.

In 2013, a new partnership was initiated with the Pedagogical University. This partnership is critical in taking forward the new focus in the country programme on the quality of education. The partnership with the Pedagogical University will initially focus on promoting learner-focused pedagogy and facilitating multi-grade teaching. The partnership is of critical importance in taking forward Government’s stated policy intentions in the education sector, including the move from a knowledge-based to a competency-based curriculum and the promotion of inclusive education for children with disabilities.

The preparatory work and follow-up to the 2013 Central Asia Child Protection Forum allowed UNICEF Tajikistan to cement strong and productive partnerships with various associations of parents of children with disabilities and disabled people’s organisations. These partnerships are already proving instrumental in taking forward programming work and advocacy for the realisation of the rights of children with disabilities, not least for Tajikistan’s signing and ratification of the Convention on the Rights of People with Disabilities. UNICEF’s partnership with the national coalition of associations of parents of children with disabilities is intensifying, with UNICEF supporting the coalition to establish new branches across the country.

With the aim of promoting the integration of child rights in planning and budgeting processes at the local government level, UNICEF started a new partnership with the Ministry of Economic Development and Trade in 2013 and intensified its partnership with three priority districts – Isfara, Kulob and Rasht. Partnerships with civil society organisations in the three districts are also being established and identified, for example by involving youth leaders in policy dialogue on the Government budget, conducting a participatory situation
analysis and by involving associations of parents of children with disability in an assessment of social services and benefits for their children.

In 2013, UNICEF Tajikistan took on the coordinating role in the social protection working group of the Development Coordination Council. This positions the organisation to facilitate policy dialogue between Government and development partners on much-needed social protection reform.

Knowledge Management

Mostly met benchmarks

UNICEF supported the Ministry of Health in conducting a causal analysis of infant mortality, by way of follow up on 'A Promise Renewed'. The analysis involved a review of all infant deaths that occurred in health facilities in 2012. The analysis was carried out by an international consultant, with full involvement of staff of the Ministry of Health. The analysis provides a clear evidence base for future action to avoid preventable infant deaths.

A study was commissioned from a local research institute on social services and benefits for children with disabilities in three priority districts, with a focus on barriers and bottlenecks encountered by CWD and their parents and caregivers in accessing these services and benefits. Local governments and civil society organisations were actively involved in the study process. The study is scheduled to be completed in early 2014 and will be used at local level to strengthen the integration of the rights of CWD in local planning and budgeting, and at national level to inform policy dialogue on social protection reform.

The Republican Nursing Centre was supported to conduct its own analysis of the capacity and current practices of home-visiting nurses. These nurses can potentially play a critical role in raising the awareness of parents and caregivers on early childhood development, early diagnosis of childhood disability, etcetera. The study will give insights into how the role and impact of home-visiting nurses may be enhanced.

UNICEF partnered with civil society organization Tomiris to conduct a participatory situation analysis on child rights in the three priority districts of Isfara, Kulob and Rasht. Youth were actively involved in all stages of the research process and their research and analytical capacity was strengthened. The situation analyses, when finished in early 2014, will form part of the evidence base to inform the integration of child rights issues in planning and budgeting processes in the three districts.

Renewed efforts were made in 2013 to support the Agency on Statistics to improve access to key data through Tojikinfo. Training was provided and a re-launch of Tojikinfo with an updated database is expected in the first quarter of 2014.

UNICEF Tajikistan continued in 2013 to ensure that global UNICEF knowledge products are made accessible to the relevant audiences in Tajikistan. This included, for example, the translation and wide dissemination of Nutrifacts for Life; translation of 'It’s About Ability’ both into Tajik and into Braille; and translation of the book ‘Children in Islam’ into Tajik.

UNICEF Tajikistan has improved the access to its own knowledge projects by making all relevant research reports and publications more easily accessible on its website. As part of the celebration of UNICEF’s twentieth anniversary in Tajikistan, a full overview of all major publications of UNICEF Tajikistan over the past twenty years was produced. Active participation of UNICEF Tajikistan in various RKLA groups ensures that knowledge generated in Tajikistan is reflected in regional knowledge management efforts.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

The fourth Central Asia Child Protection Forum, hosted in Dushanbe, provided a focus on the rights of children with disabilities. UNICEF Tajikistan, in collaboration with associations of parents of children with disabilities
and disabled people’s organisations, worked throughout the year to give greater visibility to CWD and recognition of their rights. As a result, the Government of Tajikistan’s action plan for the signing and ratification of the Convention on the Rights of People with Disability has been accelerated.

In 2013, UNICEF continued to provide support to the Ombudsman’s Office, which is the main human rights institution in Tajikistan. The capacity of the Child Rights Department was further enhanced through technical advice. The Department has carried out advocacy for child rights, monitoring of closed institutions, and has started receiving and responding to applications. UNICEF-supported research carried out by this Department and a national NGO on torture and ill treatment of children in the justice system revealed the existence of torture and ill treatment of children and made recommendations for its prevention.

UNICEF engaged with Parliament to ensure that child rights are properly reflected in national legislation and that this legislation follows international best practice. Towards the end of 2013, there were several legislative initiatives in Parliament related to the child protection field. UNICEF argued against fragmentation of law related to child protection and provided model laws to guide the process.

Work was initiated in three priority districts (Istar, Kulob and Rasht) in 2013 to support the mainstreaming of child rights into local planning and budgeting. This has led to a stronger understanding of child rights and the CRC amongst local authorities, other local stakeholders, and the Ministry of Economic Development and Trade, which is the national partner for this work. A list of child rights-related indicators was developed and agreed for monitoring with the Agency on Statistics, MEDT and local authorities.

UNICEF took the lead in the UN system in Tajikistan in organizing and facilitating the national post-2015 consultation – ‘The World We Want’. Care was taken to ensure a wide range of different stakeholder groups in all parts of the country were able to participate, face-to-face or virtually. Stakeholder groups involved included women, youth, ethnic minorities, people with disabilities and elderly people, among others. Many participants expressed their deep appreciation for being asked for an opinion, emphasizing how unusual this is.

In UNICEF’s own programme activities, participation of key stakeholders is a driving principle. Some examples of participatory work in 2013 are:
- Youth-led certification of Youth Friendly Health Services
- Youth involvement in the situation analysis in three priority districts
- Girls’ Day event organized by children
- Young journalists’ involvement in the UNICEF@20 celebration

### Gender Equality

**Mostly met benchmarks**

Determinant analyses based on available evidence reveal that gender inequality in Tajikistan is an important determinant of women’s and children’s health and nutritional status. Poor nutritional status of women contributes to poor health outcomes in their newborns. Early, frequent and insufficiently spaced births are associated with higher infant mortality. The evidence base for these causal linkages is becoming stronger with the publication of the DHS 2012 and the Causal Analysis of Infant Mortality. In the remaining years of the country programme, these insights need to be translated into programming.

There is concern about the rising share of women amongst those newly infected with HIV. Increasingly, women are infected with the virus by their HIV+ husbands, who often have not revealed their status to their wives. The DHS 2012 shows that many women do not necessarily participate in decision making about their own health care and reproductive choices. With this in mind, UNICEF has been supporting full integration of VCT and access to ART into the ANC programme.

UNICEF Tajikistan is continuing its work to promote girls’ education, aiming that each girl will complete at least the compulsory cycle of education. The focus of the programme has been broadened to include all children who are out of school or at risk of dropping out. The model developed with UNICEF support to
promote girls’ education at school and community level will be used for other groups who are out of school or at risk of dropping out too.

In a review of life skills integration in the education curriculum carried out with UNICEF support in 2013, it became clear that gender-related life skills are not very well reflected at present. This will therefore be a focus of UNICEF future support to the curriculum revision.

Violence against women and girls is a major problem in Tajikistan. With support from the US Government, UNICEF is working with the Girls’ Support Services in Dushanbe, under the Committee on Women and Family Affairs. This is the only service available specifically for girl victims of violence and abuse. UNICEF support is focused on improving the management of the Services, as well as boosting the capacity of the staff and the quality of services to the girls who use them. Also, an NGO network is being built to identify and refer cases to the Services.

With good access to ultrasound technology in urban areas, a high occurrence of abortion (over 20 per cent of women over 35 had experienced at least one abortion according to the DHS 2012) and a preference for male babies, it is possible that there is some prevalence of sex-selective abortion. Changes in the sex ratio revealed by the 2010 Census also raise suspicions in this respect. In 2014, UNICEF will work with UNFPA to monitor birth statistics from selected maternity hospitals to shed more light on this issue.

Environmental Sustainability

Partially met benchmarks

In 2013, UNICEF Tajikistan continued to work on disaster risk reduction in schools, with funding from ECHO. Over 5,800 students and their families and communities studying at ten schools in highly disaster-prone areas benefited from this intervention. The DIPECHO project came to a close in November 2013. At the Mid-Term Review, it was agreed to integrate disaster risk reduction into a broader work stream on life skills, under the quality output in the education programme. UNICEF support to the Government’s curriculum review provides opportunities to mainstream DRR and more broadly, environmental awareness, into the school curriculum. This will require follow-up in 2014.

As part of a Regional Office initiative, Tajikistan participated in the piloting of a school safety assessment methodology, which looked at the resilience of school infrastructure to a range of risks and threats, including environmental ones. The pilot assessment was carried out in close collaboration with the Tajikistan Institute of Seismology. After the November earthquake in Yovon/Vahdat, UNICEF worked with the same institute to do an assessment of two of the schools that had been rendered unsafe by the earthquake, which was relatively mild at 5.2 on the Richter scale. The findings have been provided to the Ministry of Education and are being used to advocate for a universal school safety assessment throughout the country.

Under the WASH in schools output, UNICEF introduced a new latrine design, based on the Ventilated Improved Pit latrine model. This type of latrine is not dependent on water availability and was introduced given that the previously promoted pour-flush type of latrine proved dysfunctional in many schools where water availability was problematic.

In terms of office management, UNICEF Tajikistan continues to introduce and implement measures to reduce its carbon footprint. To the extent possible, meetings are held through video-conferencing to avoid unnecessary international travel. Field travel within Tajikistan is coordinated as much as possible, with officers travelling for various purposes using a single vehicle for the same destination. Guards routinely switch off all electrical office equipment that has been left on after hours. Used paper is sent for recycling and all printing is done double-sided.
South-South and Triangular Cooperation
### Narrative Analysis by Programme Component Results and Intermediate Results

#### Tajikistan - 4150

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**PCR 4150/A0/04/001 PCR 1:** Child Survival and Development: By 2015, more children, at risk pregnant women and vulnerable young people benefit from quality primary health care, nutrition and HIV prevention services that are in accordance with international standards.

**Progress:** The recently published Demographic and Health Survey (DHS 2012) in Tajikistan shows a mixed picture of progress in the health outcomes of the population. While under-five and infant mortality rates were reduced significantly from 54 per 1,000 live births in 2003-2007 to 43 in 2008-2012 and from 43 to 34 respectively, neonatal mortality was only reduced from 20 to 19. Rates of malnutrition and micronutrient deficiencies were high, with 26 percent of children under-five moderately or severely stunted and 12 percent underweight.

Though overall health service coverage has been expanded, partly as a result of the UNICEF-Government of Tajikistan (GoT) country programme of cooperation, inequalities persist in the utilization of health services and access to information. Geographical disparities are significant across all indicators. The rich utilize services such as antenatal care (ANC) and institutional delivery to a higher degree than the poor. The households in the poorest quintile have significantly worse access to some commodities such as iodised salt.

Bottlenecks to the achievement of the outcome are found at all levels:
- Enabling environment – substantial shortfalls in state funding; gaps in policy and protocols in some areas, such as postnatal care and paediatric AIDS; Insufficient mechanisms for enforcement of laws and policies, along with poor monitoring
- Supply – ageing infrastructure (including absence of running water and adequate sanitation facilities in the majority of maternity hospitals); lack of equipment and commodities; outdated knowledge and skills of health workers; lack of motivation among health workers particularly at the periphery; and poor implementation of home visits
- Demand – financial barriers to access and adequate utilization of health care services due to formal and informal payments; lack of knowledge among family and community members about the danger signs of pregnancy complications and childhood illnesses; constraints related to transportation
- Quality – suboptimal dissemination of new policies and protocols across the country and consequently poor implementation; lack of adherence to standards, including infection control measures.

Two major analytical pieces of work were supported by UNICEF in 2013, i.e. a marginal budgeting for bottlenecks (MBB) analysis of Maternal and Child Health (MCH) services and a causal analysis of infant mortality. These studies confirmed the bottlenecks listed above and shed more light on them, providing the foundation for programming and advocacy in the remainder of the country programme.

The MBB analysis demonstrated how low accessibility, problems with continuous service utilization and low quality of services prevent investments in the health sector being translated into effective coverage. The causal analysis of infant mortality showed associations between infants’ survival and various factors such as maternal health and nutrition status and the concentration of the infant deaths (70 per cent) in the first week of life. It highlighted the need for attention to a continuum of care and quality of hospital services particularly in the early neonatal period, with an emphasis on staff capacity and the availability of essential drugs and medical supplies and equipment.

In 2013, the country office completed a mid-term review (MTR) of the country programme. It was agreed that outputs under the Child Survival and Development component will be reduced from 5 to 3 focusing on MCH, Nutrition and HIV, in order to better focus the programme on the main inter-related bottlenecks for the next two years (2014-5).

**Discontinued**

IR 4150/A0/04/001/001 1.1. By 2015, the Ministry of Health increases allocation of resources to maternal and child survival/nutrition strategies within its budgetary frameworks, including SWAp.

**Progress:**

Though total public health expenditure in Tajikistan has increased over the last five years, it still falls far short of requirements and out-of-pocket private spending is high. This, along with unevenly distributed funds across regions/districts and insufficient prioritization of Primary Health Care (PHC) in budget allocations, presents significant bottlenecks in terms of ensuring financial access by the poor to quality services.

In this context, UNICEF assisted the Government in 2013 in the following ways:

1) Analytical work to support efficiency gains in resource utilization:
   - As a follow up action to the Government of Tajikistan’s pledge to ‘A Promise Renewed’ (Washington, 2012), UNICEF supported the Ministry of Health (MoH) to conduct a causal analysis to identify direct and indirect causes of infant deaths. This analysis aims to inform strategies and priority interventions to reduce infant mortality, thereby improving efficiency and effectiveness of health sector expenditure. The preliminary results of the causal analysis were discussed with MoH and other stakeholders, and in early 2014 a roadmap to reduce infant and especially neonatal mortality will be developed based on the findings and recommendations.
   - UNICEF supported MoH in conducting a Marginal Budgeting for Bottleneck (MBB) analysis of MCH services, in order to identify major bottlenecks hampering service delivery relevant to achievement of MCH outcomes and to estimate additional resources required to
reduce these bottlenecks. The results indicate that fiscal space exists to absorb a large part of the additional funding requirements for removing bottlenecks and scaling up evidence-based interventions. In 2014, UNICEF will continue to support the MoH to use this analysis as evidence-based advocacy tool for stronger prioritisation of Maternal and Child Health (MCH) within the government budget.

2) Advocacy and resource mobilisation

- Tajikistan joined the Global Movement for Scaling-up Nutrition (SUN) in September 2013. In doing so, the Government has committed to improving the health and nutrition status of vulnerable children and women. A multi-sectoral platform is under development, which will help different stakeholders harmonise strategies and increase investment for coordinated efforts.

- UNICEF’s continuous advocacy and negotiation with development partners helped Government to access additional funds (e.g. from KFW for vaccine procurement for the polio campaign in 2014) and in-kind contributions (e.g. from UNFPA for HIV rapid test kits).

3) Strengthening of financial management capacity

- UNICEF provided assistance to the Ministries of Health and Finance to develop guidelines for Youth Friendly Health Services (YFHS) budgeting and its integration into health sector financing based on the results and recommendations of the Cost-Benefit Analysis conducted in 2008.

- UNICEF assisted the MoH in development of the national instruction on procurement of Prevention of Mother to Child Transmission (PMTCT)-related supplies, especially HIV test kits. This was to remove bottlenecks related to the funding shortage under the GFATM Round 8 grant, as well as to meet the WHO/GFATM HQ requirement for strengthening the government commitment and ownership to the national HIV/AIDS programme by allocating government funding.

- With UNICEF support, the Ministry of Labour and Social Protection (MLSP) and Ministry of Finance (MoF) simplified the funds transaction scheme to improve access by parents/caregivers of HIV positive children to cash allowances.

4) New financing mechanism

- UNICEF has been working with the World Bank and Ministries of Health and Finance on the introduction of a performance-based financing (PBF) scheme for selected MCH services at PHC facilities. Pilot implementation, with UNICEF support for the independent verification process, will start in 2014. It is anticipated that this new financing mechanism will help to reduce informal payments and incentivize PHC workers, thus addressing major bottlenecks.

In order to bring about a sharper results focus, the MTR agreed that this output would be discontinued. Relevant work will be continued under the new output on improved maternal and child health.

Discontinued

IR 4150/AO/04/001/002 1. 2. By 2015, the Ministry of Health provides all women as well as newborn infants in all maternal facilities of 8 priority districts with quality antenatal and essential obstetric and newborn care services in accordance with international standards.

Progress: The causal analysis on infant mortality, supported by UNICEF in 2013, shed light on the critical bottlenecks and barriers in relation to this output:

Nearly 70 per cent of hospital based infant deaths occurred during the first 6 days of life.

Clear lack of quality of care: the top three causes of infant deaths (accounting for 35 per cent of all infant deaths) were birth asphyxia, respiratory distress of newborns, and birth trauma, posing questions about quality of skilled delivery.

Very poorly equipped facilities, including outdated medical equipment and facilities (including water and sanitation) and lack of commodities in maternity/neonatal units. Only 1 per cent of facilities have all needed equipment and 5 per cent have the 20 essential medicines, leading to non-compliance with neonatal protocols and quality of care standards.

Association of infant death with maternal health services, family planning, and nutrition, pointing to the importance of a more holistic approach.

Equity considerations – disparity by geographical location and socio-economic status, suggesting the need for a targeted approach to reach out to the most vulnerable.

In 2013, the following support was offered to address some of the above bottlenecks: i) neonatal resuscitation training covered 166 health workers (50 neonatologists and 116 midwives) in Khatlon and Sughd regions, along with provision of basic essential neonatal care/resuscitation equipment; ii) rehabilitation of water and sanitation facilities in the most critical 11 Maternal and Child Health (MCH) facilities, benefiting over 26,000 newborns and their mothers annually; and iii) procurement of additional baby warmers and oxygen concentrators for MCH facilities. However, a more systematic, coordinated, evidence-based approach is needed. With this in mind, a road map to end preventable child deaths will be developed, based on the results of the causal analysis of infant mortality.

In 2013, UNICEF continued its technical assistance to Ministry of Health (MoH) in strengthening safe vaccine handling and storage capacity through instalment of an additional four cold rooms at central and regional levels; development of Standard Operating Procedures to ensure adherence to safe immunization standards; capacity building of all district EPI and cold store managers in appropriate vaccine handling using newly introduced fridge tags; and capacity building of family medicine staff on immunization planning and safe immunization. However, many of the bottlenecks identified during the EPI review 2012 remain, such as excessive false contra-indications and unnecessary diagnostic tests administered prior to immunization, leading to missed opportunities for children; mis-identification of vulnerable groups; drop-outs and hard-to-reach populations; as well as errors in calculation of the coverage leading to inequalities in immunization service provision. Therefore, UNICEF will continue to focus on implementation of the EPI review recommendations, with emphasis on strengthening the monitoring capacity.

In order to bring about a sharper results focus, the MTR agreed that this output would be discontinued. Relevant work will be continued under the new output on improved maternal and child health.
In order to improve accessibility of quality services, UNICEF supported a number of capacity building activities such as: renovation of the PCR laboratory of Republican AIDS centre; and training of 120 obstetrician-gynaecologists from selected districts on integration of

UNICEF contributed to an enabling environment by supporting the development of a protocol to introduce the Early Infant Diagnosis (EID) of HIV policy impeded access to optimal treatment and care for HIV exposed infants born from HIV positive mothers; and 3) Accessibility of quality services was constrained due to the limited number of service providers trained in 2012 on WHO recommendations.

In face of the shortage of HIV rapid test kits, UNICEF leveraged resources from UNFPA to cover 50 per cent of national needs of rapid HIV testing kits for pregnant women at antenatal care (ANC), while the rest was covered by the government through collection of blood samples at ANC to transfer to AIDS laboratories at district and regional levels. In the longer run, UNICEF’s support in developing a national instruction for procurement of PMTCT related supplies (see output 1) is expected to contribute significantly to removing this bottleneck.

With UNICEF support, the semi-annual vitamin A supplementation campaign successfully reached 98.3 per cent of the national target group of 6-59 month old children. Also, in collaboration with USAID, UNICEF supported the government in starting the implementation of a micronutrient supplementation programme - prenatal vitamin and mineral supplements for pregnant women and home fortification with micronutrient powders for children 6-24 months - in 12 districts. For the management of severe acute malnutrition, UNICEF procured therapeutic food to treat over 1,000 children in line with international standards. In addition, with UNICEF and WHO support, the MoH introduced community management of acute malnutrition (CMAM) in two districts. Over 25 national, regional and district experts were trained as master trainers. These nutrition interventions provide additional contacts between health workers and caregivers for disseminating messages related to family practice, and UNICEF will continue to support the government in the integration of C4D into these programmes, as well as enhancing monitoring and quality assurance mechanisms.

In order to bring about a sharper results focus, the MTR agreed that this output would be discontinued. Relevant work will be continued under the new output on nutrition.

**Discontinued**

IR 4150/A0/04/001/004 1. 4. By 2015, in all reproductive health centres and maternity houses of 18 districts, pregnant women of at risk profile receive VCT and if HIV positive, receive ARV in accordance with PMTCT protocol; and HIV positive children have access to ARV prevention, treatment and social services.

**Progress:** Since its inception in 2008, the PMTCT programme has been rapidly scaled up in Tajikistan, with 74 per cent coverage of pregnant women with HIV voluntary counselling and testing (VCT) at ANC and 82 per cent coverage of HIV positive pregnant women with ARV at present. However; 1) The government faced significant challenges related to supply of the HIV rapid test kits due to poor procurement / supply management as well as insufficient funding by both donors and government; 2) Absence of early infant diagnosis (EID) of HIV policy impeded access to optimal treatment and care for HIV exposed infants born from HIV positive mothers; and 3) Accessibility of quality services was constrained due to the limited number of service providers trained in 2012 on WHO recommendations.

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In order to bring about a sharper results focus, the MTR agreed that this output would be discontinued. Relevant work will be continued under the new output on nutrition.

**Discontinued**

IR 4150/A0/04/001/003 1. 3. By 2015, at least 80 per cent of households in 8 priority districts practice interventions on child survival, care and nutrition.

**Progress:** Results of the recently published Demographic and Health Survey (DHS) in Tajikistan show major gaps in family practices – particularly the social and cultural practices related to breastfeeding and Infant and Young Child Feeding (IYCF). UNICEF supports MoH in certification and re-certification of maternity hospitals as "baby friendly", and to date, 58 out of 72 maternitys were certified, where around 96 per cent of hospital deliveries take place. This is a critical intervention for breastfeeding promotion. During the Breastfeeding Week in 2013, a communication campaign was conducted, reaching more than 124,000 lactating mothers and 3,430 health workers. Furthermore, UNICEF, in cooperation with the MoH, published and disseminated 5,000 copies of ‘Facts for Life: Nutrition and Growth’ in the Tajik language to all health centres across the country. This was complemented by the airing of a series of audio and video spots reaching more than 60 per cent of the population with key information from the publication. However, the DHS shows that the exclusive breastfeeding rate still dropped dramatically from 64 per cent (1 month) to 28 per cent (2-3 months) and many of the breastfed children continue to be supplemented with plain water (46 per cent among children 2-3 months). This, together with low adherence to optimal IYCF practices and poor care practices for sick children, calls for intensified Communication for development (C4D) work. Lack of accurate knowledge and skills amongst parents and caretakers mirrors the poor functioning of the patronage system/home visits. Hence, capacity strengthening of PHC workers/home visiting nurses in the roll-out of community IMCI (C-IMCI) will be one of the priorities for UNICEF support in 2014.

Poor monitoring and enforcement of legislation also poses an obstacle. According to the iodised salt coverage survey conducted in Khatlon oblast, only 26 per cent of households are using adequately iodised salt (>15 ppm). A poor level of iodine (<15 ppm) was observed in 43 per cent samples and almost one third (31 per cent) of the tested samples had no iodine at all. UNICEF also supported a comprehensive Salt Situation Analysis, which has identified bottlenecks in USI legislation and regulations, salt processing related challenges and difficulties, iodized salt distribution, marketing and market level quality control, availability and consumer and distributor awareness. The results were presented at a high-level advocacy meeting in Khatlon oblast and priority interventions to overcome bottlenecks were agreed with the key national and local partners. UNICEF will continue supporting the Government to achieve Universal Salt Iodisation through advocacy, social mobilization, distribution and monitoring of salt iodisation rapid test kits, lab equipment, and capacity building of producers and inspection agencies on quality control and assurance.

With UNICEF support, the semi-annual vitamin A supplementation campaign successfully reached 98.3 per cent of the national target group of 6-59 month old children. Also, in collaboration with USAID, UNICEF supported the government in starting the implementation of a micronutrient supplementation programme - prenatal vitamin and mineral supplements for pregnant women and home fortification with micronutrient powders for children 6-24 months - in 12 districts. For the management of severe acute malnutrition, UNICEF procured therapeutic food to treat over 1,000 children in line with international standards. In addition, with UNICEF and WHO support, the MoH introduced community management of acute malnutrition (CMAM) in two districts. Over 25 national, regional and district experts were trained as master trainers. These nutrition interventions provide additional contacts between health workers and caregivers for disseminating messages related to family practice, and UNICEF will continue to support the government in the integration of C4D into these programmes, as well as enhancing monitoring and quality assurance mechanisms.

In order to bring about a sharper results focus, the MTR agreed that this output would be discontinued. Relevant work will be continued under the new output on nutrition.
the PMTCT programme into perinatal care.

Also, to further boost demand for PMTCT services, more than 5,000 women of reproductive age were reached with awareness raising sessions on the importance of PMTCT. Given Tajikistan’s concentrated epidemic, driven by Injecting Drug Users (IDUs) who are predominantly men and given that over 45 per cent of women do not participate in making decisions about their own health care (DHS 2012), future activities for demand creation will address gender issues more explicitly.

Despite the progress made in PMTCT, there is an increasing number of HIV new cases among children. For many of these cases, the mode of HIV transmission is unknown, suggesting possible nosocomial infection in a health care setting. As of 1st November 2013, about 123 children out of 324 are still not covered by anti-retroviral (ARV) treatment. This is mainly because of caretakers’ low level of confidence in health services and awareness about the available services, but the limited access to quality paediatric AIDS (PA) services is further exacerbated by lack of: i) enabling environment; ii) essential commodities/inputs; iii) local capacity among paediatrician in management of PA cases and opportunistic infections; and iv) implementation of preventive measures against nosocomial infections. To address those bottlenecks, UNICEF initiated a partnership with a civil society organization to reach out to those children who are not covered by ART presently; and UNICEF assisted the MoH to create a child-friendly environment in four out-patient facilities for children living with HIV/AIDS, through provision of necessary medical equipment, and design and renovation of the consultation rooms.

Development of policy and protocols to promote a systematic approach in paediatric AIDS, scaling up capacity building of service providers on paediatric AIDS, including psychosocial support/counselling, and follow-up monitoring and supportive supervision, and prevention of nosocomial infection are the priorities for 2014.

In order to bring about a sharper results focus, the MTR agreed that this output would be discontinued. Relevant work will be continued under the single new output on HIV/AIDS.

**IR 4150/A0/04/001/005 1.5. By 2015, outreach services and STI/HIV voluntary counselling, testing and treatment for MARA are provided in all 21 YFHS clinics nationwide.**

**Progress:** From January to September 2013, UNICEF continued to serve as a GFATM sub-recipient in assisting the MoH to scale up Youth Friendly Health Services (YFHS) within the extensive network of reproductive health and dermato-venerology centres across Tajikistan. Since its establishment in 2006, YFHS coverage among vulnerable youth increased significantly, with over 33,000 clients visiting 21 centres during the first 9 months of 2013. All clients received an STI/HIV prevention package, 5,984 clients were diagnosed with STI, 92 per cent of whom received treatment. In 2013, UNICEF also supported MoH to conduct a quality and coverage assessment and certification of YFHS based on WHO standards for quality improvement for young people’s health services. The youth-led NGO, ‘Youth XXI Century’ was engaged in this process, and the youth leaders, in collaboration with the MoH specialists, presented the findings and recommendations of the assessment. A strong outreach network was one of the keys to success in creating and sustaining demand from most at risk youth, and YFHS centres in Soughd, Kulob and Dushanbe initiated the hiring of outreach workers on the State budget (previously donor-funded and recruited by NGOs). However, further analysis is required as to what profiles of young people have been reached and to what extent the YFHS programme has had an impact on the young people, with or without differentiated effects in accordance with sex, ethnic group, rural or urban setting, age group, and risk category. A programme evaluation planned in 2014 is expected to shed light on these questions.

In 2013, UNICEF also supported capacity building activities for 50 YFHS specialists, in order to remove bottlenecks related to the quality of services. They refreshed their knowledge and skills on basic principles of VCT, STI prevention and treatment, psychological support and care, in particular prevention of suicide. Moreover, in order to allow continuous quality improvement, UNICEF, through a Project Cooperation Agreement with the association of dermato-venerologists “Zukhra”, provided support to the Republican Health Statistics and Information Centre to establish a national analytical unit based at the MoH to collect and analyse service statistics from all YFHS centres. The Health Statistics and Information Centre of the MoH incorporated the UIC (Universal Identification Coding) database into the general statistical system of the MoH. As a result, the MoH decision makers now have access to in-depth analysis of the health trends including STI/HIV prevalence and other health problems (including mental health problems) among clients who visited the 21 YFHS centres. The UIC software programme enables the identification of bottlenecks, to improve decision making for programme implementation and scale-up. The UIC database allows tracking of service utilization at YFHS centres, including diagnosis, tests and treatment, all without recording the actual name of the clients, which reduces fear of stigmatization of clients in their communities and prevents interference of law enforcement bodies in the YFHS database.

Some policy level barriers were also removed in 2013 with support from UNICEF and other development partners: The revised National Law on Reproductive Health now stipulates the reduction of the age for parental consent from 18 to 16, and free access by adolescents to information on reproductive health and to confidential quality services. The revised national HIV/AIDS law increased the age of children who are eligible for social allowances up to 18 and included a clause on children’s eligibility for testing.

This output can be considered met. To the extent that follow up actions are required, they will be taken under the new output on HIV/AIDS agreed in the Mid-Term Review.

### PC 2 - Basic education and gender equality

**On-track**

**PCR 4150/A0/04/002** By 2015, children will have increased access to the preschool and basic education system, with particular focus on providing opportunities for out-of-school children, and the quality of education will be improved through a strengthened policy environment.
Progress:

The education system in Tajikistan deteriorated rapidly after the country became independent in 1991, as a result of underinvestment and the impact of the civil war in the 1990s. Despite recent improvements, significant challenges remain, with very low enrolment at pre-school level, quality concerns at all levels of education, gender gaps that widen with each progressive grade, and significant numbers of children out of school, including children with disability.

In 2013, UNICEF’s work with the Ministry of Education and development partners continued to yield positive outcomes that contribute to the achievement of the PCR. These include successful advocacy for early learning and the expansion of the alternative early childhood centre model; expansion of work in addressing the needs of girls, children at-risk of dropping out of school, and out-of-school children to increase attendance, mitigate drop-out, and increase enrolment; continued work in Life Skills based education (LSBE) including the integration of LSBE topics into the Education Standards.

A variety of bottlenecks impact progress towards the PCR. They include, but are not limited to, overall budget availability for the sector; access to quality services; and, social and cultural practices and beliefs. The narrative statements under the intermediate results for this programme component detail achievements UNICEF and the Government of Tajikistan have made in 2013 towards addressing these bottlenecks.

During the Mid-Term Review of the Country Programme, it was agreed to sharpen the results focus of the work under this programme component, reducing the number of outputs from five to three, focused on: early learning, out-of-school children, and the quality of education.

On-track

IR 4150/A0/04/002/001 By 2015, the education system ensures increased access to an affordable and quality pre-school education system in 12 priority districts

Progress:

As a result of concerted advocacy efforts by UNICEF and other development partners active in promoting early childhood education (ECE), the importance of early learning is now well recognized amongst a broad range of stakeholders. Government at central and local levels is showing increasing commitment to ensure the expansion of access to preschool education services through alternative, cost-efficient ECE settings. The National Strategy for Education Development (NSED) 2020 and Medium Term Action Plan (MTAP) 2012-2014 endorsed by the Government of Tajikistan (GoT) in 2012 outline clear strategies to promote ECE, with a focus on increasing access, improving quality and building an enabling regulatory framework. The newly adopted law on Preschool Education and Care developed by Parliament recognises ECE and alternatives to state kindergartens.

The growing commitment to the expansion of ECE amongst Government and development partners was also reflected in Tajikistan’s Global Partnership for Education (GPE), round 4, which puts a strong emphasis on ECE. This will result in the further expansion of ECE through the development of 450 new centres.

UNICEF provided support to the Ministry of Education and Science and Academy of Education to publish and launch Early Learning Development Standards (ELDS) to inform ECE curricula and programmes. In addition, UNICEF and Aga Khan Foundation in Tajikistan supported the Academy of Education to revise the ECE curriculum in line with the ELDS, develop a child-cantered teacher training programme, and methodological guidance for teachers/tutors, which will include modules on Inclusive Education in an effort to ensure access to all students to ECE.

UNICEF contributed directly to expanded access by supporting the establishment of 164 low-cost, quality ECE settings in 10 districts. Furthermore, UNICEF provided support to improve the operational and financial functioning of ECE settings. In addition, building on the model UNICEF has developed and promoted, the Ministry of Education and Science through its district education departments have independently established around 600 centres.

Discontinued

IR 4150/A0/04/002/002 By 2015, the Ministry of Education implements in eight priority districts specific interventions to increase attendance and enrolment in grades 7-9;

Progress:

The major bottleneck affecting the Girls’ Education Project is a lack of consensus on the extent and the nature of problems regarding girls’ attendance and completion of basic education. To strengthen the evidence base, in 2012 a rapid assessment of all available data on girls’ education was completed. The assessment showed that girls’ enrolment continues to be lower and that girls’ enrolment drops more sharply after completing the primary grades. However, the gender gap has reduced over time.

In order to enhance the sustainability and ownership of the Girls’ Education Project, the project was handed over to the District Education Departments (DEDs) in the seven project districts. This handover was completed and all stakeholders were trained on outreach activities, implementation of school thematic grants, and attendance monitoring. Besides, all project schools received supplies to improve the quality of extracurricular activities.

In 2012, UNICEF also promoted girls’ education with a national communication campaign. All upper grade children in project schools received IEC materials and took part in orientation meetings and special child-cantered events. The campaign included video spots on national TV and live discussions with audience participation on a popular radio station.

An Out-of-School Children Study was conducted, showing that there are other important categories of out-of-school children (OOSC), most notably children with disabilities.

As per the MTR, this IR will be discontinued and a new IR created which will address all issues relating to out-of-school children, including, but not limited to girls. Work undertaken in 2013 is laying the groundwork for the changes, in raising capacity and understanding of issues related to OOSC, and establishing a working group to address issues related to OOSC. In this light, a consultancy was completed to scope out alternative learning opportunities for children who are out-of-school or at risk of dropping out. Also, a consultancy was completed to analyse MoE records on children with disabilities, to help target GPE-
funded investments in physical accessibility of school infrastructure.

Discontinued

**IR 4150/A0/04/002/003** By 2015, in 65 per cent of schools in eight priority districts, all students use safe water and improved gender-sensitive facilities;

**Progress:**

The MTR concluded that the approach to WASH in schools used under this output was not leading to the desired results, did not represent value for money and was not sustainable. The programme has not succeeded to establish an affordable and sustainable model for WASH infrastructure that is viable for national scale up. On this basis, it was agreed in the MTR to discontinue the work on WASH in schools in terms of construction and supplies. The hygiene education aspect of the WASH activities will be taken forward under a new IR on education quality.

Met

**IR 4150/A0/04/002/004** By 2015, National government, local authorities, school children and communities in selected districts have strengthened their capacity to plan, prepare for and respond to emergencies;

**Progress:**

Progress under this output was constrained in 2012, as DIPECHO-funded activities could not be initiated before a Memorandum of Understanding was signed with the Committee on Emergency Situations, which did not happen until the end of 2012. However, swift action was taken in 2013 to accelerate implementation and all activities were completed on time.

In the meantime, UNICEF is working in the larger framework of Life-Skills Based Education to ensure that DRR-related topics, amongst others, are integrated into the revised curriculum.

In terms of the targets set for this output, the output is judged to be met.

The MTR concluded that DRR should be mainstreamed throughout all programmes rather than operate as a separate output under the education component.

Discontinued

**IR 4150/A0/04/002/005** By 2015, 825 secondary schools deliver HIV/AIDS and other LSBE classes in grades 7-9;

**Progress:**

In 2013, UNICEF continued its efforts in promoting Life Skills-Based Education and Healthy Lifestyle in schools. In general, the knowledge among school children related to HIV/ADS remains very low and UNICEF interventions aim to increase the knowledge and change the behaviour of children.

UNICEF continued its advocacy efforts with the Ministry of Education for the introduction of LSBE into the school curriculum. These efforts have resulted in recognition by the Ministry of Education of the importance of healthy lifestyle education, opening the door for further collaboration to help integrate LSBE principles into the education curriculum.

In 2013, UNICEF continued its cooperation with the Global Fund. More than 90,000 textbooks on LSBHE for grades 7-9 as well as teachers’ manuals were printed and distributed. Three hundred secondary schools teachers from the selected 85 schools were trained on LSBHE and now have all the skills and knowledge to conduct quality classes for the students of the respective schools. The gender-sensitive aspects of the life skills-based education are being addressed within extra-curricular activities and classes, which now include subjects related to HIV/AIDS prevention. The teaching module as well as student handbooks were translated into the Uzbek language and were distributed amongst Uzbek-speaking students and teachers. Monitoring of LSBHE classes has also been improved, through training of school inspectors of 25 local education authorities, who are now equipped with the necessary knowledge and skills to conduct quality monitoring.

Life Skills Based Education topics, including HIV&AIDS are in the process of being integrated into the curriculum in an effort to reach more students and ensure a sustainable aspect of approaching LSBE.

As per the agreement reached during the MTR, this output will be phased out as of end 2013. Aspects of LSBE will be integrated into the new output addressing Quality of Education.

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**PC 3 - Child Protection**

On-track

**PCR 4150/A0/04/003** By 2015, there is an increase in the proportion of vulnerable children who benefit from alternative community-based social services, family substitute care and alternatives to incarceration.

**Progress:** Bottlenecks holding back progress towards the Programme Component Result include: fragmentation of institutional mandates and lack of an effective coordination mechanism; absence of a separate law on child protection; absence of an agreed Government vision for child protection services; limited staff capacity; lack of fiscal space; and limited community-based services of adequate quality.
Within the framework of Country Programme Action Plan (CPAP), UNICEF continued to work with the Commission on Child Rights, relevant state agencies and development partners to address these bottlenecks and contribute to the achievement of the PCR. Main achievements over the year include:

- Establishment of an inter-sectoral Working Group on Children with Disabilities (CWD) led by the Commission on Child Rights under the Government of the Republic of Tajikistan;
- Finalisation and Adoption of the Concept on Social Services with the support of development partners and UNICEF;
- Successfully conducting the Fourth Central Asia Child Protection Forum in partnership with the Government of Tajikistan to advocate for the realisation of the rights of CWD and consideration of ratification of the Convention on the Rights of Persons with Disabilities (CRPD);
- Capacity building of the Social Assistance at Home Units through providing training sessions on social work;
- Widening the network of parent’s associations of the National Coalition of Associations of Parents of CWD in the country to ensure quality family support for CWD and the development of community-based services;
- Development of a Child Protection in Emergencies Contingency Plan for adoption by Government and capacity building of psychosocial service providers in selected district of the country to address the issues of child protection in emergencies;
- Awareness raising at national and regional levels to prevent institutionalization of children under three, and initiation of a rapid assessment of children in institutions (covering baby homes and residential care institutions for CWD);
- Opening of a child-friendly investigation and court room in Dushanbe to hear children’s cases;
- Capacity building of police, judges, prosecutors and social workers to administer a child-friendly justice system and advocacy for a sustainable standard training program for these professionals. Supported the Police Academy to introduce a 12-hour course on child rights and juvenile justice;
- Preparation of a draft law on prevention of juvenile offending and regulation for Centres for Additional Education (CAE), pending their approval.

Narratives under the three outputs of this programme component give further detail on how the Country Programme contributed to addressing the bottlenecks that stand in the way of achieving this outcome.

In the Mid-Term Review, Government, UNICEF and other implementing partners agreed to a sharpening of the results focus of this programme component for the remainder of the Country Programme. From 2014, there will be a reduction from three to two outputs. One output will focus on reform of the child care system to prevent unnecessary institutionalisation of children, particularly those under three years of age. The second output will focus on ensuring that for children who come into contact with the law, justice for children is progressively more in compliance with international norms and standards. The second output was broadened from a narrow focus on juvenile justice.

On-track

**IR 4150/A0/04/003/001** By 2015, improved policies, practices and services to effectively prevent and respond to unnecessary institutionalization of children (especially children under three and with disabilities)

**Progress:** There has been work towards the provision of a continuum of services for vulnerable children and their families with priority given to children with disabilities (CWD). An interagency, inter-sectoral working group on CWD was established under the Commission on Child Rights, and met twice in 2013. The document on Inter-agency cooperation at the district level was approved by the Ministry of Labour and Social Protection (MLSP). In 2013, MLSP adopted the concept on Social Services and the National Programme on People with Disabilities, to which UNICEF provided inputs.

In 2013, UNICEF supported the Practical Training Unit for Social Work and Innovations to develop a three day training that was initially delivered to 20 Social Assistance at Home Units (SAHU) Social Workers from selected districts to raise awareness on the new regulations and social work practices.

In 2012, the Ministry of Health (MoH) issued a directive to officially establish Psychological Medical Pedagogical Consultations (PMPC) at the local level – a major step forward. UNICEF together with the Ministry of Health provided training sessions on physiotherapy and occupational therapy for the staff of PMPCs. More than 5,000 cases of CWD were screened in 9 PMPCs throughout Tajikistan during the period of 2010-2013.

The third phase of the Community Based Rehabilitation (CBR) project continued in 2013 in Khatlon region, with support of UNICEF, where, in 15 districts, 863 CWD affected by polio and with other types of physical disabilities were supported. The CBR coordination meetings facilitated by UNICEF provided a regular mechanism for coordination among international and national organizations implementing projects related to CBR for children with disabilities in Tajikistan and facilitated discussions about the appropriate modality in the country. CBR is now being supported by WHO.

UNICEF supported the establishment of new Associations of Parents of CWD in 17 districts and since 2013 has been supporting the Coalition of Associations of Parents of CWD where 23 member associations reach out to other parents to empower them to demand the rights of their children including to community based services. The Guide “It’s About Ability” was translated into Tajik and will be used for wide scale advocacy for inclusion of CWD, in partnership with the Coalition. With UNICEF support, “It’s About Ability” and the Concept on Inclusive Education were printed in Braille and staff of the Association of the Blind and special schools for blind children in 15 districts received an orientation on inclusion of children with visual impairments into general schools.

The Fourth Central Asian Child Protection Forum held in Dushanbe with support from UNICEF Regional Office and the Country Office brought together more than 130 representatives from the 5 Central Asian countries and leading experts from around the world to
exchange and review for the first time their policies and practices of inclusion of children with disabilities. The five governments took strong commitments to reinforce national policies and systems to ensure the full inclusion of children with disabilities into society and bring visibility to this invisible group. The Forum and the follow up activities undertaken with the Parliament and Government have contributed to the strategic engagement of UNICEF with the Government and the civil society towards the consideration of the Government to ratify the CRPD and support its implementation.

In partnership with Tajik Red Crescent Society and Danish Refugee Council, a Contingency Plan for Child Protection in Emergencies was developed and finalised with feedback from the government and development partners. Around 70 government and civil society organization representatives from Dushanbe, Khujand, Kulob, Khorog and nearby districts received a three-day training on the Contingency Plan and psychosocial support to children. Staff and volunteers from Khorog received a series of psychosocial support trainings in partnership with Medecins Sans Frontieres and continued to work with children and families needing such support.

UNICEF also supported the Committee on Women and Family Affairs to continue the services of the Girls Support Centre, which is the only service available specifically serving girl victims of violence.

**Discontinued**

IR 4150/A0/04/003/002 By 2015, the family substitute care services function according to the quality standards set out in the national policy.

**Progress:** As part of the Regional Office “Call for Action to End Placement of Children Under 3 in Residential Care Institutions”, UNICEF Tajikistan continues to advocate with the national and regional authorities to prevent children from institutionalization. The President, in his address to the nation in 2013, referred to the situation of orphans and asked for immediate response by the Government to address this issue and seek alternatives to placement in institutions. Towards the end of 2013, the President asked the Government to develop a plan of action for child orphans. Government approached UNICEF for support, which will be provided in 2014. UNICEF has initiated partnership with the parliament and provided inputs to the drafting of legislation on child protection that includes a section on children without parental care. A rapid assessment of children in institutions including children in baby homes and CWD in state care that UNICEF is carrying out is expected to provide inputs to the drafting of the state programme in 2014.

UNICEF and HealthProm signed a Memorandum of Understanding for the period of May 2013 - December 2015 with the aim to reduce institutionalisation of children under 3 years. As an extension, partners will collaborate to establish social services for vulnerable young children and provide technical assistance and capacity building to the Commission on Child Rights, Ministry of Labour and Social Protection, Ministry of Health, and other relevant government bodies.

At the regional level, UNICEF, with development partners, continued to bring attention to the importance of family life for young children, and promoted family support services and foster care as viable options. The round table held in Sugd Province, together with Ministry of Health, resulted in agreement to set up a family support service based on a baby home in Khujand by HealthProm and introduction of foster care as a pilot initiative. UNICEF supported the Ministry of Health to raise awareness of medical staff from the Maternity Houses of Dushanbe and Direct Rule Districts to prevent placement of children under three in institutions.

At the district level, UNICEF has continued to closely engage with CRUs and Social Assistance at Home Units (SAHU) to ensure children in need of guardianship/trusteeship/adoption are identified and families who want to take children are assessed before the decision is made by Child Rights Commissions (for guardianship/trusteeship cases) and the Court (for adoption cases).

With UNICEF support, the Practical Training Unit on Social Work and Innovations (PTUSWI) of the MLSP carried out trainings for about 70 SAHU staff to support vulnerable families especially those with disabilities.

During the 2012-2013 Mid-Term Review of the Country Programme, it was decided to discontinue this output, subsuming it under one single output focused on child care reform, with the aim to prevent unnecessary institutionalisation of children, particularly those under three.

**Constrained**

IR 4150/A0/04/003/003 By 2015, children in contact with the law are treated more in compliance with international norms and standards on justice for children

**Progress:** The status of the Juvenile Justice Unit under the Ministry of Justice (MoJ), which supports the implementation of the National Plan of Action (NPA) for Juvenile Justice System Reform 2010-2015, was elevated to a Department on Child Rights and Juvenile Justice. An Interagency Working Group on Juvenile Justice (JJ) was established. Both developments are expected to expedite the implementation of the NPA on JJ.

Juvenile Justice Alternative Project (JJAPs) is providing psychosocial support to children in conflict with the law and at risk of offending at Centres of Additional Education (CAE). UNICEF has been providing capacity building for the social workers and other staff of these centres. Since 2012, a total of 216 children in conflict with the law and at risk of offending were referred to the CAE as a preventative measure and an alternative to incarceration in 14 districts. As a result of UNICEF advocacy, a Working group was established under the Ministry of Education (MoE) which has drafted a new typical regulation for the CAE as well as minimum standards to allow implementation of community-based programmes through Government’s resources.

UNICEF supported Master Trainers to develop training packages for police, prosecutors and judges. It is expected that the developed training materials will lay the foundation for mandatory training on Juvenile justice in national training institutes. A specialized course on child rights is established at the Tajik National University, with the main focus on Juvenile Justice. Teaching materials were developed with UNICEF support. In 2012, the Police Academy introduced a course on juvenile Justice, and work is on-going to incorporate a
juvenile justice curriculum in and pre-service training for judges and prosecutors as well. More than 250 judges, 90 police officers, 30 prosecutors, and the staff of the Child Rights Units from the JJAP districts were trained on national and international legislation, child psychology, as well as importance of using diversion and alternatives for children in conflict with the law as a means of prevention of re-offending.

The Council of Justice, with support from UNICEF, has established 3 child-friendly court rooms and 2 child friendly investigation rooms. Both rooms in Dushanbe were officially opened in August 2013. Additional rooms in 4 other district courts where cases of children are heard most frequently will be established in 2014.

A Child Rights Department was established under the Office of the Ombudsperson to defend and protect the rights of children. The Department has carried out advocacy for child rights, monitoring of closed institutions and started receiving individual cases for follow up. Research carried out by this Department and a national NGO on torture and ill treatment of children in the justice system revealed existence of torture of children and made recommendations for its prevention.

In collaboration with the NGO Child Rights Centre (CRC) and MoJ, UNICEF has been providing training to the staff of closed institutions for children to have child friendly procedures that would ease the reintegration of children into society, as well as providing vocational training and legal and psychological support to child victims of torture and ill treatment as needed.

UNICEF has been advocating with the government and the parliament for changes in legislation and provided a model law on juvenile justice and guidelines to inform drafting of legislation on JJ. UNICEF also advocated for a special focus on JJ in the judicial reform programme for 2014-2017.

A lack of a legislative basis for CAE, lack of professionally trained social workers and insufficient legislation that allows use of diversion and alternatives are bottlenecks that UNICEF is working to address in the future.

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**PC 4 - Policy and planning**

**On-track**

**PCR 4150/A0/04/004 PCR 4:** By 2015, Government allocates proportionately more resources to critical social protection sectors (preschool education, neonatal care, family based care and protection) based on evidence and general public support.

**Progress:** The availability of robust, timely data, disaggregated to the appropriate level and easily accessible to stakeholders remains a bottleneck in terms of progress towards this outcome. In 2013, UNICEF continued to support the strengthening of the TojikInfo database system. Support was provided to the Agency on Statistics in preparation of the new release of the TojikInfo database, with emphasis on child rights-related data. Technical workshops were held with the relevant line ministries to improve data quality and exchange mechanisms for updating the TransMonee database with the latest information. At district level, technical consultations were held with the staff involved in child rights monitoring to improve the data collection in collaboration with the Agency on Statistics.

Commencement of a new partnership with the Ministry of Economic Development and Trade (MEDT) opened new opportunities for child rights mainstreaming within the national and local level socio-economic policies. This partnership also created a learning opportunity for the ministry staff to enhance their knowledge and skills in linking child rights with the economic development.

A Government initiative to design a new strategy on social protection development is supported by development partners through the social protection sub-group created under the Donor Coordination Council and led by UNICEF. After the move of the social protection portfolio to the Ministry of Health and Social Protection at the end of 2013, UNICEF will pursue collaboration with this Ministry to design a comprehensive strategy that will enable implementation of social protection measures supporting most vulnerable and deprived strata of the population in Tajikistan.

The strengthening of media attention and public support for child rights issues received a boost in 2013 with the Ministry of Education’s agreement to formally introduce the Child Rights Syllabus in journalism faculties at institutes of higher learning.

**On-track**

**IR 4150/A0/04/004/001 4.1.** By 2015, disaggregated data on the wellbeing of children is available in a timely manner and used to inform policy and its implementation

**Progress:** UNICEF continued providing support to strengthening of the TojikInfo database system to improve data accessibility and promote evidence based decision making. Technical assistance to the Agency on Statistics (AS) focused on improving capacity in data management and verification for TojikInfo, and overall assessment of the existing DevInfo data administration capacity and system. Two needs-based trainings on DevInfo data administration and user application helped to increase the capacity of TojikInfo database administrators, as well as provided the potential data users with a solid introduction to the DevInfo technology and insight into how it can support analysis.

Several technical consultations were conducted with AS to develop a strategy for TojikInfo’s further sustainable development and roll out. The AS committed to creating a new TojikInfo database and established a formal TojikInfo working group including the Database Coordination Team responsible for guiding the process of implementing databases and the Database Administration Team (DAT) in charge of setting up the new database. The DAT has resolved all the outstanding technical issues regarding the web-enabling of TojikInfo, assessed the data availability and gaps for the new release of the TojikInfo database and started updating the main database.
The activities of the TojikInfo Working Group, however, are not yet well integrated into the statistical system, and still functions on an ad hoc basis.

UNICEF provided support to AS in collecting data and producing the report on feasibility of disaggregated data collection on children with disabilities and updating the TransMonee database. With support of UNICEF, AS conducted technical consultation workshops with relevant line ministries to improve data collection mechanisms and quality of data for the TransMonee database. However, major challenges still remain related to the system (lack of quality disaggregated data, data collection and reporting forms, data exchange mechanisms) and to human resources (low capacity, high staff turnover, among others).

A district level cross-sectoral child rights monitoring template was developed based on a list of child focused indicators, existing administrative data sources and the district development plans. With UNICEF’s guidance and in collaboration with MEDT, AS has led technical consultation and trainings to help the Child Rights Units from three priority districts (Kulob, Rasht and Isfara) in filling in the template, especially for the most challenging child protection and juvenile justice indicators. These consultations also helped in refining the AS’s specific data collection forms (e.g. on children without parental care). The template and the data collection mechanism need further joint efforts in 2014, to allow meaningful analysis of district data.

IR 4150/A0/04/004/002 4.2. By 2015, public policy and budgeting supports child-friendly social sector development.

**Progress:** In 2013, capacity development in public finance management for social sector ministries and local governments in 12 target districts were organized by the Ministry of Finance, with support of UNICEF. Trainings provided to national and local level civil servants increased knowledge on information systems for budget formulation, execution, and consolidation of the local and republican budget, at the central level. The social sector is the main focus area and trainings were designed to develop capacity in education, health, and social protection budget preparation and execution processes.

A new partnership between UNICEF and the Ministry of Economic Development and Trade and local governments laid the ground for the process of mainstreaming child rights in the local development plans. Three District Development Plans (DDPs) were reviewed and the main gaps related to child rights in these documents were revealed. Consultations at the national and local level on revision of the three DDPs are in place.

Young activists in the three pilot districts enhanced their knowledge on the state budget content and processes and used this knowledge in the process of dialogue with local decision makers on budget preparation and allocation. A participatory situation analysis on child rights facilitated by youth in the three pilot districts is in process. Complementary to this, a review of the current social assistance provided to children with disabilities is being undertaken. The experience in the three target districts on evidence based planning and budgeting will further be expanded to other target districts and will support advocacy for child rights mainstreaming in local level planning and budgeting nationwide.

IR 4150/A0/04/004/005 4.3. Strong Partnership for Children’s rights is developed with mass media, national and local government, civil society and other development partners

**Progress:** Child Rights and Media training for professional journalists was implemented in all regions of the country in 2013. The training was organised by the Union of Journalists of Tajikistan which involved trainers who participated at the UNICEF regional conference. As a result, 100 journalists from all the regions of Tajikistan increased their knowledge on ethical reporting on child rights. For the first time, it was noted that news related to children do not openly show children’s faces and images, irrespective of their ages, in the print and online media. During the academic year of 2012-2013, the Faculty of Journalism of the National State University pre-tested the Child Rights Syllabus. A working group has been established to introduce the Child Rights Syllabus in all journalism faculties and departments, an initiative supported by UNICEF and the Ministry of Education.

The CO supported programme sections to disseminate key messages, update both global and national media on situation of children in Tajikistan, supply UNICEF websites, including social media with news on the CO’s activities and strengthen UNICEF visibility for all activities and project sites. A special event dedicated to the 20th Anniversary of UNICEF in Tajikistan also enhanced UNICEF visibility through multimedia and publications highlighting achievements in the last 20 years and aspirations for Tajikistan’s children in the years ahead.

The CO collaborated productively with UNICEF Uzbekistan to source international expertise from Uzbekistan Country Office to build Communication for Development capacity. This resulted in development of a comprehensive C4D strategy. The CO also continued using the C4D approach by developing materials with clear messages and ensuring their dissemination to the targeted audience, particularly during the launch of Facts for Life’s Nutrition chapter, translated into Tajik; the Child Protection Forum for Central Asian Countries; International Girl Child Day and CRC Day. All these events were accompanied by video/audio, print and multimedia materials broadcast on the national TV/Radio channels and print media.
Progress: Activities under this outcome allowed the successful performance of the supply function, which supported achievement of results across the country programme in the course of 2013.

As part of the Mid-Term Review, it was agreed to discontinue this cross-sectoral outcome and merge it with the broader support outcome (outcome 5).

On-track

IR 4150/A0/04/801/001 6.1. Effective management of supply and procurement

Progress: Activities under this output allowed the successful performance of the supply function, which supported achievement of results across the country programme in the course of 2013.

The UNICEF Tajikistan Annual Supply Plan for 2013 was prepared by Supply Unit in a timely manner, with the support of Programme Sections.

As per the UN Common Procurement Strategy Team plan for 2013, two categories of services were identified for implementation under the common procurement scheme in 2013: Travel services and Vehicle maintenance/provision of spare parts. The tender for the LTA for Travel Agency Service was led by UNDP and UNICEF and other UN agencies’ staff participated in the solicitation process. As a result, an LTA was signed with the selected Travel Agency at the end of 2013. No progress was achieved on the common UN vehicle maintenance and provision of spare parts. This should be reviewed and explored in 2014.

One of the main achievements towards harmonizing UN Procurement was the organization of a UN Supplier Conference by UN agencies in April 2013, in which many local suppliers participated and had opportunity to familiarize with UN procurement rules and regulations. The main focus was on common mistakes by suppliers during the tender process, which results in disqualification of their bids. One of the suggestions was to create a Common country-level UN website, where all UN agencies can post their tender advertisements and any supplier can access relevant information to guide their bidding. This is to be followed up in 2014.

Following the closure of UNERT warehouse in Kurgan Tube, all emergency supplies have been relocated successfully to the new warehouse location in the Committee on Emergency Situations and Civil Defence (CoES) in Dushanbe. This warehouse has been renovated by UNDP and UNICEF on a cost-sharing basis, as per actual occupation of the territory by each agency. An MOU was signed with the government in this regard, according to which UNDP and UNICEF are storing their supplies free of rent. Closure of the UNERT warehouse yielded a financial saving of $2,739 in 2013 and is expected to yield a saving of $16,394 in 2014.

As per Interim and Year-end Financial Closure, the office performed an asset inventory in July 2013 and conducted a Programme supplies stock count in RMPC and CoES warehouses twice – in July and December 2013. The results of the counts showed no discrepancies in the stock balance and inventory.

PC 800 - Support

On-track

PCR 4150/A0/04/800 PCR 5: Effective and efficient programme management and operations support to programme delivery

Progress: The office governance arrangements established in the Annual Management Plan functioned well throughout 2013. As part of HACT assurance activities planned for 2013, the office assisted the Ministry of Finance to deliver training to local authorities on public finance management and provided group training to UNICEF implementing partners to strengthen their financial capacity. The Table of Authority (ToA) was reviewed and updated in accordance with VISION requirements and Segregation of Duties (SoD) regulations, reflecting staff changes that happened in the course of the year.

The outstanding Direct Cash Transfer (DCT) balance is closely monitored - the un-liquidated DCT balance outstanding over 9 months reduced to 0 per cent and the outstanding DCT balance from 6 to 9 months reduced to 3 per cent by the end of 2013.

The office continued to strengthen its capacity to work with VISION/SAP and strived to fully adhere to IPSAS principles. Although staff familiarity with VISION/SAP and staff capacity to use the system improved significantly in 2013, still staff, in particular from Operations feel a significantly increased workload due to technical bugs and complicated and time-consuming work processes in VISION/SAP. This has unavoidably had some impact on implementation of programme activities.

On-track

IR 4150/A0/04/800/001 5.1. Effective and efficient Governance and Systems

Progress:

Established office governance systems functioned well in the course of 2013. In-house committees functioned effectively and efficiently and their membership was reviewed and updated by CMT in mid-2013.

The office CPMP for 2010-2015 was updated as part of the PBR exercise, which took place in February 2013. As a result, a number of staffing changes occurred, which allowed the office to ensure optimal staffing to work towards the Country Programme results, while also applying the principle of ‘Core Resources for Core Roles’. The new office organogram takes effect from 1 January 2014.
The Operations team organized refresher sessions for the office staff on several critical work processes in VISION, including those related to HACT procedures, finance, travel and HR. More training and refreshers are planned for 2014.

The quality of supporting documents is constantly monitored; all payments and DCT liquidations are processed within 5 working days; payment runs are normally done twice a week; and the payroll is processed timely and error free.

The Table of Authority (ToA) was reviewed and updated in mid-2013, in accordance with SoD requirements and following the staff changes in the office.

Audit recommendations that the office reported as closed in 2010, were thoroughly reviewed again for the completeness in 2013. While most of the auditor's recommendations were completed and closed, a few continue to require attention (2 out of 15), including the development of an advocacy strategy - which although being followed in practice - is not formulated in a document in a consolidated manner, and the development of a HACT implementation plan jointly with ExCom agencies. While UNICEF shifted to HACT as of 2012 and is following its principles, many other UN agencies are not HACT compliant and do not have an appetite to work in this direction. A common HACT modality is not adopted and a UN Common Activity Assurance Plan is yet to be developed.

Time-consuming and complicated transactions in SAP/VISION, as well as technical problems, continued to present a significant burden for staff in 2013, causing some delay in implementation of activities.

**On-track**

**IR 4150/A0/04/800/002 5.2. Effective and efficient Management and Stewardship of Financial Resources**

**Progress:** In 2013 the Tajikistan country office continued the implementation of the Harmonized Approach to Cash Transfers (HACT). As part of HACT assurance activities planned for 2013, the office provided additional assistance to the Ministry of Finance to deliver training to local authorities on public finance management. Another HACT assurance activity implemented in 2013 was provision of group training to UNICEF implementing partners with high and medium risk level, following the results of a micro assessment exercise done in 2011 jointly with other UN Agencies. The training opportunity was also extended to selected new partners. The training was aimed at strengthening partners’ financial capacity and was mainly focused on such areas as funds flow, accounting policies and procedures, internal and external audit, reporting and monitoring, information systems, as well as on UNICEF’s requirements and regulations on HACT and DCT. The training was completed in end December 2013. The initial assessment and feedback received from the participants demonstrates that the training was well received and highly appreciated.

The outstanding DCT balance is regularly and closely monitored. The un-liquidated DCT balance above 9 months was reduced to 0 per cent and outstanding DCT balance from 6 to 9 months was 3 per cent at the end of 2013.

**On-track**

**IR 4150/A0/04/800/003 Effective and efficient management of Human Capacity**

**Progress:** The office Training Plan was finalized by end May 2013 which was an improvement in comparison with the previous year, and 70 per cent of it was implemented. Five staff participated in eight HQ or regionally organized trainings for capacity development in their respective areas and additional staff participated in networking and information sharing, and advocacy meetings abroad. Twenty percent of staff completed UNICEF e-learning trainings, including four who completed the DLC (3 IP, 1 NO). A number of group trainings were also organized for languages, at different levels. Tajikistan CO benefited from a visit of RO HR team in January 2013, who assisted the office through trainings, including: Managing Performance for Results Training for supervisors and supervisees; CBI training for 8 staff members; as well as an Ethics session for all staff.

All staff benefited from Emergency Training provided by the Emergency Team from the Regional Office and EMOPSin October 2013. In 2013, various Operations staff participated in the Salary Survey Methodology workshop, Supply/Procurement workshop and VISION refresher training, which were highly beneficial. Based on training received, some in-house refresher sessions on office work processes related to SAP/VISION were held for all staff, covering Finance, DCT, HR and travel work processes and regulations. More sessions are planned for 2014.

The approved office bid to the PBR has led to a number of staff changes: 2 posts were abolished (NO/IP), and 1 post was upgraded (NO). The updating of outdated JDs /JPs is ongoing – 6 job descriptions/job profiles were updated and classified/reclassified during 2013.

The office supported one staff member’s request for special leave without pay with lien to the post, to pursue academic study abroad. 100 per cent of staff had the 3rd phase of their 2012 PAS and 1st phase of their 2013 PAS completed on time. In addition to the official performance appraisals, staff members have regular meetings with managers and supervisors to discuss their work, challenges, and career opportunities.

**On-track**

**IR 4150/A0/04/800/888 HR**

**Progress:**

Created in January 2012 for payroll due to migration to VISION
Effective Governance Structure

The office governance arrangements established in the Annual Management Plan (AMP) continued to function well in 2013.

The **Country Management Team** (CMT) met 3 times in 2013. Agenda items included: Risk Control Self-Assessment; HACT Assurance Activities; Optimization of office work processes; and Adoption of the AMP. Management indicators, implementation of the Integrated Monitoring and Evaluation Plan, plans and opportunities for fundraising and staff association issues were addressed at each meeting.

A working group was established to improve office performance and efficiency. This group reviewed office work processes and made recommendations to CMT regarding their streamlining. Some of the gains realized include the elimination of unnecessary steps in the consultant selection process, reduction of the number of tenders and low value purchase orders by accumulating local procurement requests and establishment of LTAs with major supplies and service providers.

The **Contract Review Committee** (CRC) met to review and recommend 37 cases for the Representative’s approval in 2013. The country office did not have any post-facto notifications to report, as per FC 19, Rev. 3.

Given that the office has detailed programme-focused weekly meetings and given that there were many ad hoc programme meetings related to the Mid-Term Review (MTR) process throughout the year, only one formal **Programme Coordination Meeting** was held in 2013, focused on DCT status, C4D, UNICEF strategic Plan 2014-2017 and MTR Implementation.

The **Local Training Committee** (LTC) met 5 times in 2013. The Committee reviewed and endorsed the Office Training Plan, as well as individual staff training requests, which were passed to the Representative for approval.

The **Joint Consultative Committee** met once in 2013. Consensus was reached on all issues addressed by Staff Association and Management. Issues included: a) Global Staff Survey Recommendation follow up; b) Use of IT technology; and c) Currency of DSA for local trips.

The **PCA Review Committee** reviewed a total of 17 cases, which were passed to the Representative for approval.

Other committees met as and when required.

An **Annual Management Review** meeting was held with all staff in December 2013 to review performance against the Annual Management Plan. Staff discussed changes in the operating environment; performance against programmatic and office management priorities; management indicators; and implementation of the IMEP. Priorities for 2014 were also agreed.

An all staff meeting in October 2013 reviewed and revised the outdated Constitution of the Tajikistan Country Office **Local Staff Association**. Extensive amendments, endorsed by LSA members, included the procedures for nomination and election of Staff Association Executive Committee Representatives.

As part of risk mitigation measures, staff’s VISION roles were reviewed and the **Table of Authority** (TOA) was updated in mid-2013 to ensure proper segregation of duties.

An office training on emergency preparedness and response served to remind staff on the Core Commitments for Children. It also gives impetus to business continuity planning and further integration of emergency preparedness and response measures in the country programme. A new **Emergency Preparedness and Response Team** will help to boost the country office’s preparedness and response capacity in 2014.
**Strategic Risk Management**

A light-touch review of the Risk Control Self-Assessment (RCSA) was carried out by the Deputy Representative and Operations Manager in 2013. All risk categories were revisited and only two risks were confirmed as Moderately High (Natural Environment and Safety & Security). Other risks are assessed as low or moderately low. The updated RCSA document was reviewed and agreed by CMT members during the July CMT meeting and further adopted by all staff at the annual management review meeting in December 2013. It was agreed that in 2014 the office will conduct a full-fledged Risk Control Self-Assessment Exercise with Regional Office support.

The country office Early Warning Early Action pages were regularly updated throughout the year. The threat levels in Tajikistan have not changed in 2013. Key actions and preparedness activities were discussed during the programme and annual management review meetings and will continue to be included in the rolling work plans.

With support of the Regional Emergency Unit and EMOPS, an emergency simulation exercise and emergency capacity building workshop for all office staff was carried out in October 2013. Insights gained during this workshop led to the creation of a new Emergency Preparedness and Response Team in the office, under the leadership of the Deputy Representative. This team is expected to facilitate a further strengthening of emergency-related risk management in 2014.

The Office BCP was reviewed during the RO Emergency Unit colleagues' visit. A location for a back-up server and office relocation site was identified. Installation of ICT equipment at the site is ongoing. A full update and finalization of the Business Continuity Plan is planned for 2014, with support from an experienced colleague elsewhere in the sub-region.

The Regional Emergency Unit and EMOPS colleagues also facilitated an emergency workshop for key government and NGO partners. The workshop provided an opportunity for more than 30 participants to discuss how best to address the specific needs of children in inter-agency emergency preparedness planning and get familiar with the Core Commitments for Children in Humanitarian Action.

UNICEF continues to receive full support from UNDSS on security-related issues. Trainings and drills were arranged by UNDSS, such as: use of communication equipment for staff with security responsibilities and a warden training for zonal wardens. A warden drill exercise was conducted for all staff in October 2013 and earthquake and fire safety drills in December 2013. A radio check is carried out weekly for SMT members, Agency Security Focal Points and Wardens.

**Evaluation**

The Country Programme Mid-term Review process, which was initiated in September 2012, reached its conclusion in March 2013, with a formal meeting to agree the findings and changes to be implemented in the latter half of the Programme of Cooperation. During the MTR process, the Government of Tajikistan, UNICEF and other partners took stock systematically of changes in the situation of children and progress with country programme implementation. A summary of the MTR report was presented to the UNICEF Executive Board in 2013. Agreed changes will take effect from 1 January 2014.

Based on the multi-year IMEP, the office updated the 2-year rolling IMEP and used it to strategically plan studies to assess the progress of the country programme, to inform programming, and to advocate on children's issues. All Country Office monitoring and evaluation activities in 2013 were guided by the IMEP. Progress with implementation of the IMEP was reviewed regularly at Programme Coordination and Country Management Team meetings. An attempt was made to incorporate monitoring requirements generated by the determinant analysis exercises in the IMEP, and to link all M&E related activities with the MoRES monitoring framework, to ensure that the data required is made available through national systems. However, the exercise has shown that availability and quality of data remains a bottleneck for assessing the achievement of results across all programmes.

The following thematic studies were implemented and completed under the IMEP in 2013: Causal Analysis of Neonatal Mortality; Assessment of Out of School Children, with emphasis on children with disabilities; Baseline Study on Salt Iodization; Baseline and End-of-action Survey on Disaster Risk Reduction to assess progress in
achieving the expected results.

The CO had planned the Evaluation of the Youth Friendly Health Services Programme in 2013. An Evaluation Management Team composed of the Deputy Representative, Health and Nutrition section chief, HIV/AIDS programme officer, and Monitoring and Evaluation officer was established to lead and manage the evaluation process. The Terms of Reference for the evaluation were developed in consultation with national partners. According to the standard procedure, the ToR has been shared with the regional M&E facility quality assurance and further refined based on the provided feedback. The actual implementation of the evaluation will be from January – April 2014. Considering that the country capacity in conducting evaluations is limited, international expertise will be involved in conducting the YFHS evaluation and an element of capacity building will be incorporated in the evaluation.

The CO is part of the Reference group for evaluation of the Justice for Children area of the Regional Knowledge and Leadership Agenda (for results at system level).

Effective Use of Information and Communication Technology

The office completed all ICT planned tasks and software/hardware upgrades and updates, such as finalization of migration of server infrastructure to Windows Hyper-V 2008 R2 environment, deployment of DHCP server, Hardware and Software upgrades of Servers and user workstations.

The architecture of antivirus protection of all computers and servers has been changed. Now the update of new virus definitions for Symantec Endpoint Protection is centralized and distributed through WSUS server after approval by ITSS.

Service pack 1 was installed on all Hyper-V hosts to provide a reliable and optimized virtualization solution and improve server utilization and reduce costs. With the addition of new features such as live migration and expanded processor and memory support for host systems, it allows the office to consolidate workloads onto a single physical server.

A remote connectivity tool, Cisco AnyConnect Secure Mobility Client, has been introduced to provide better mobility opportunities to end users. The Cisco AnyConnect Secure Mobility Solution provides a comprehensive, highly secure enterprise mobility solution. It combines industry-leading Cisco web security with next-generation remote access technology to help UNICEF easily manage the security risks of borderless networks. With this mobile security solution, UNICEF staff can globally access the network with their laptops which allows easier and more secure access to the applications and information required.

The office VSAT antenna was redirected to a new satellite. Starting from 2013 Q3 the VSAT service provider has reduced the connectivity cost from US$6,415 per quarter to US$2,412 per quarter. This will bring a financial saving of US$16,000 annually.

To remain in step with modern technologies and to facilitate the latest business-related software applications, a new set of ICT equipment with higher performance specifications was ordered for the office. This should increase staff’s work efficiency. Most of the obsolete ICT equipment acquired before 2010 was proposed for disposal (donation to partners).

A refresher on usage of VHF and HF radio equipment was provided to all staff as a part of Emergency Workshop. Training on use of communication equipment was provided to relevant staff by UNDSS.

As part of office business continuity planning, an off-site location for a back-up server was agreed and installation of hardware is ongoing. Also, emergency ICT equipment (BGAN) is now available in the office and is being prepared for immediate deployment should the need arise.

Fund-raising and Donor Relations
The fund raising environment in Central Asia, and in Tajikistan in particular, continues to be constrained, but within this constrained environment, 2013 was a successful year for UNICEF Tajikistan’s fund raising efforts.

Given that the Country Office had mobilised over 85 per cent of its OR target for the current country programme cycle, an increase to the OR ceiling of US$2,000,000 was requested and approved in 2013. The revised OR ceiling for the 2010-2015 programme cycle is US$18,000,000. At the end of 2013, 84 per cent of the increased OR ceiling had been mobilised.

In 2013, the Country Office mobilised substantial new grants for nutrition programming (from the Russian Federation, USAID and the Global Alliance for Improved Nutrition); for HIV/AIDS interventions (UNAIDS with backfunding from the Russian Federation; MAC); for the education programme (UK NatCom/Starwood, Global Partnership for Education and global thematic funding); for programming on violence against girls (US Government); and for work on social protection (set-aside funds).

The office has been less successful in mobilising resources for humanitarian action. Tajikistan was part of Humanitarian Action for Children in 2013 and estimated its funding requirement at US$1,872,500. However, only US$766,800 was mobilised, leaving the programme 60 per cent unfunded against humanitarian requirements.

UNICEF Tajikistan has built a strong partnership with the Russian Federation, which has become the lead contributor to Tajikistan-specific OR. Two large grants were awarded to date, for a Diphtheria immunisation campaign (2012) and to improve nutrition (2013), with a future grant for maternal and child health under consideration. Collaboration with the UN has been very useful to the Russian Federation as it builds its grant portfolio for Tajikistan, as relatively new bilateral donor. A senior delegation of the Russian Federation visited Tajikistan in November 2013 and was pleased with its collaboration with UNICEF and with the UN more broadly.

In 2013, the office continued to give top priority to the timely submission of quality donor reports. A total of nine donor reports were due in the course of the year, all of which were submitted on time. One grant extension was requested and approved in 2013.

Good utilization rates were achieved in 2013. Utilization of ORR/ORE funds expiring in 2013 exceeded 99 per cent. Funds utilisation is systematically reviewed on a weekly basis to monitor timely implementation.

UNICEF was successful in supporting the Government of Tajikistan to secure a grant of $16,200,000 from the Global Partnership for Education, advocating for a much needed focus on early learning and on inclusion of children with disabilities in the education process. An additional $270,000 was granted by the GPE to UNICEF to support Government in the development of a new costed action plan for the National Strategy for Education Development and in taking forward key research and analysis.

Fund raising and fund leveraging opportunities are discussed routinely at Country Management Team meetings. In 2014, the office will put additional efforts into development of a fundraising strategy and a package of materials to support fund raising.

Management of Financial and Other Assets

In 2013, the Tajikistan office continued implementation of the Harmonised Approach to Cash Transfers (HACT) and simplified procedures on issuance and liquidation of Direct Cash Transfers (DCTs) by using FACE form modality. UNICEF is ahead of other UN agencies in terms of HACT implementation, with an uneven level of commitment across the UN system. This undermines a common approach to HACT. UNICEF made many efforts to strengthen assurance measures, such as programme field visits and spot checks. Operations staff participated in some spot checks of DCT cases jointly with programme colleagues. Each DCT payment is accompanied by a DCT monitoring plan, which includes programmatic and financial monitoring. Each DCT liquidation is accompanied by a report on the findings of programmatic and financial monitoring. One new implementing programme partner was micro-assessed internally, jointly by programme and operations colleagues.

The following activities were implemented as part of HACT assurance plan in 2013:
- Additional assistance to the Ministry of Finance and financial departments in districts of Tajikistan in implementation of public finance management (activity started in 2012 and completed in 2013);

- Group training for UNICEF implementing partners with high and medium risk level, following the results of micro assessment exercise done in 2011. This training opportunity was also extended to selected new implementing partners. The training was aimed at strengthening partners’ financial capacity and was mainly focused on such areas as: funds flow, accounting policies and procedures, internal and external audit, reporting and monitoring, information systems, and UNICEF’s requirements under HACT. While detailed assessment and evaluation of this training are due in early 2014, the preliminary feedback received from partners demonstrate a high level of satisfaction, with partners assessing the training as useful and effective.

Outstanding DCT balances were closely monitored, reported and followed up with the responsible programme sections and partners throughout the year. At the end of 2013, the outstanding DCT balance above 9 months was reduced to 0 per cent of the total DCT amount paid in 2013 and the outstanding DCT balance from 6 to 9 months was 3 per cent.

One write-off case in the amount of 1,045 TJS (US$216) related to a DCT issued to the Republican Research Centre of Pediatrics in 2009 (submitted to DFAM in 2012) was approved and written off in 2013.

A working group was established to review and update the Standard Rates for DCTs issued to implementing partners. The rates were last updated in 2011. The working group updated the rates based on a thorough analyses of current prevailing market rates and international agencies’ practices. The revised rates have been submitted for approval and will be reviewed at the first CMT meeting in 2014.

Good utilization rates were achieved in 2013. Utilisation of non-grant funds exceeded 98 per cent and utilization of ORR/ORE funds expiring in 2013 exceeded 99 per cent. Utilization of the Institutional budget reached 99 per cent for staff costs and 100 per cent for non-staff costs.

Bank reconciliation reports were processed on time throughout the year, with few reconciling items. The reconciling items were regularly reviewed, followed up and cleared in a timely manner.

The Table of Authority (TOA) was reviewed and updated in mid-2013 and Delegation of Authority and Acceptance letters were produced in accordance with the requirements for each individual with TOA roles in the office.

The following VISION/SAP work processes were reviewed internally and briefing to all staff was organized: HACT, finance, HR and travel.

A non-expendable Property physical count was carried out in July 2013 and Programme Supplies Inventory physical counts were conducted twice, in July and in December 2013, with no reconciling items. Time consuming and complicated VISION/SAP transactions and the system's technical problems still remain one the biggest challenges for our office. Staff members’ workload has increased significantly (especially for Operations staff) and has affected implementation of some office activities and priorities.

**Supply Management**

The UNICEF Tajikistan Annual Supply Plan for 2013 was prepared in a timely manner. The supply component of the Country Programme in 2013 amounted to a total expenditure of $1,625,773, out of which:

- Programme supplies - $1,290,876
- Local procurement of services - $278,834
- Operational supplies - $56,063

Construction work completed in 2013 continued from obligated funds in 2012.

Supply assistance monitoring was strengthened in 2013, helped by the presence of field monitors at local level.
UNICEF ensured proper utilization of in-kind assistance for Vitamin A campaigns, conducted in two rounds in June and December 2013. These campaigns were also monitored by the field monitors.

Tajikistan still has a limited market; it remains largely a cash-based economy, with limited reliance on banking, posing challenges for the UN System. The country is heavily reliant on importation of consumer goods, thus creating difficulties in timely delivery of supplies. However, a growing number of major brands are establishing representations and franchises in the country.

In 2014, UNICEF Tajikistan will undertake a market survey and pre-qualification of suppliers for different category of items, to update the roster of potential suppliers and sign LTAs for frequently purchased items and services.

The UN had planned to implement common procurement for travel services and for vehicle maintenance and provision of spare parts in 2013. Common procurement of travel services was successfully completed with the issuance of an LTA. No progress was achieved on UN vehicle maintenance and provision of spare parts. This requires follow up in 2014.

One of the main achievements towards harmonizing UN Procurement was the organization of a UN Supplier Conference in April 2013, in which local suppliers had an opportunity to learn about UN procurement rules and regulations. The focus was on common mistakes by suppliers during tendering, which results in disqualification of their bids. One of the suggestions was to create a Common UN website, where all suppliers will have easy access to tender advertisements and related information. This is to be followed up in 2014.

The Operations Manager participated in the Supply/Procurement workshop organized by SD.

In 2013 UNICEF Tajikistan continued to facilitate negotiations and implementation of Procurement Services between Supply Division, Government and other International Agencies. The below table shows the main partners and total value of procurement through Procurement Services for 2013:

<table>
<thead>
<tr>
<th>Receiving Country</th>
<th>Partner Name</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tajikistan</td>
<td>Tajikistan - GAVI</td>
<td>1,685,077</td>
</tr>
<tr>
<td></td>
<td>UNDP - Tajikistan (Global Fund)</td>
<td>766,614</td>
</tr>
<tr>
<td></td>
<td>MOH - Tajikistan</td>
<td>344,311</td>
</tr>
<tr>
<td></td>
<td>Japan International Cooperation Agency</td>
<td>248,770</td>
</tr>
<tr>
<td></td>
<td>UNFPA - Tajikistan</td>
<td>40,000</td>
</tr>
<tr>
<td></td>
<td>Aqa Khan Health Service</td>
<td>19,890</td>
</tr>
<tr>
<td></td>
<td>WHO</td>
<td>10,670</td>
</tr>
<tr>
<td></td>
<td>UNFPA Headquarters in Denmark</td>
<td>1,805</td>
</tr>
<tr>
<td><strong>Tajikistan Total</strong></td>
<td></td>
<td><strong>3,120,137</strong></td>
</tr>
</tbody>
</table>

UNICEF Tajikistan routinely assists the Government of Tajikistan in the annual preparation of forecasts for vaccines, vitamin A and ready-to-use therapeutic foods, which contributes to better Government capacity to conduct procurement planning.

Following the closure of UNERT warehouse in Kurgan Tube, all emergency supplies were relocated to the new
warehouse at the Committee on Emergency Situations and Civil Defence (CoES) in Dushanbe. This warehouse was renovated by UNDP and UNICEF on a cost-sharing basis, pro rata, based on storage space used. An MOU was signed with the government, according to which storage is rent-free. Closure of the UNERT warehouse yielded a financial saving of US$2,739 in 2013 and is expected to yield a saving of US$16,394 in 2014.

In addition to the CoES warehouse, UNICEF Tajikistan uses the warehouse of the Republican Medicines Procurement Centre (RMPC). Both warehouses are located in Dushanbe and are used for storage of pre-positioned emergency items. During the reporting period there were limited transactions in both warehouses, due to the small number of emergency interventions:

a. Total value of supplies received during the year- US$8,253  
b. Current value of inventory, (exclusively emergency pre-positioned stocks- US$214,633  
c. Total value of supplies issued throughout the year- US$33,994

The bulk of emergency supplies issued in 2013 were utilized to respond to the November earthquake in Yovon and Vahdat districts.

During Interim and Year-end Financial Closure, the office performed an asset inventory in July 2013 and a Programme supplies stock count in RMPC and CoES warehouses twice – in July and December 2013. The results showed no discrepancies in the stock balance and inventory.

In 2014, the newly established Emergency Preparedness and Response Team will reconsider the level of emergency stocks required and will explore the establishment of LTAs and other measures to ensure timely emergency supplies, with the aim of further reducing stock held in local warehouses controlled by UNICEF in future.

**Human Resources**

An improvement was achieved in completion of staff performance planning and reporting (for 2012) in 2013 – with 100 per cent completion by the set deadlines. In addition to the formal performance appraisals, it is a practice for staff members to have regular feedback discussions with managers and supervisors to discuss their work, challenges and career opportunities.

The Training Plan was finalized by the end of May based on PAS’s, and 70 per cent of it was implemented. Five staff participated in eight HQ or regionally organized trainings for capacity development in their respective areas and additional staff participated in networking and information sharing, and advocacy meetings abroad. Twenty percent of staff completed UNICEF e-learning trainings, including four who completed the DLC (3 IP, 1 NO).

Tajikistan CO benefited from the visit of the RO HR team in early 2013 that offered the following trainings: Managing Performance for Results for supervisors and supervisees; CBI training for 8 staff members; as well as an Ethics session for all staff.

Two days Emergency Preparedness training for all staff was conducted by the Emergency Team from RO. This training included an emergency simulation exercise, which helped staff to identify shortcomings and lessons learnt in relation to emergency preparedness and response as well as business continuity planning.

All staff members are aware of the Peer Support Volunteers (PSV’s) role and use the services as/when needed, however one of the two PSVs separated in early 2013. Identification and training of a second, female PSV is a priority for 2014.

The office is committed to UN Cares and during the year, within the UN context, all staff and their families were provided the opportunity to undergo voluntary counselling and testing for HIV.

Full transparency has been maintained in staff recruitment and placement processes. All vacancies are given wide dissemination, including advertisement through the UN Tajikistan website, newspapers and 'global broadcast'. In 2013, Tajikistan CO continued using Competency Based Interviewing during recruitment processes. Subject
Matter Experts from RO were involved as and when required. Based on the results of the Global Staff Survey for Tajikistan, staff identified the following priorities for follow-up action:

1) Staff Career and Professional Development
2) Work Life Balance
3) Improving office business efficiency

Working groups were established to review work processes and came up with recommendations, which were presented at the CMT, and some implemented right away, others pending generation of further evidence. Progress on implementation of these follow-up measures was reviewed at the Annual Management Review meeting in December 2013. The Local Staff Association noted some progress related to staff career and professional development, noting appreciation for the launch of virtual learning programmes such as the Dynamic Leadership Certificate. However, the LSA noted that there have been no deployment opportunities for staff in 2013 and no staff had requested the 10 learning days scheme. The LSA recognized that two thirds of staff were exercising flexible working hours, which has contributed to maintaining a better work life balance. All three priorities will continue to receive attention in 2014.

Efficiency Gains and Cost Savings

In 2013, the office continued to implement all possible measures to further reduce operational costs. In compliance with Executive Director’s message of 22nd Dec. 2010 on Cost Control, the Deputy Executive Director’s message of May 2011 on Managing operating costs funded from RR and Tajikistan CO CMT recommendation of February 2011, the following cost control measures were implemented in 2013:

- Purchasing non-refundable rather than full fair air tickets. These measures have resulted in cost savings estimated at US$25,719 in 2013;
- Opting for economy-class air tickets, whenever possible, rather than business-class, when travelling to meetings/events outside of the country when the travel time exceeds nine hours, given that Tajikistan’s location and flights lend almost all travel time to exceed 9 hours. The only exception is made to appointment, change of duty station and separation travel;
- Better travel planning and coordination, early booking, scrutinizing travel options and keeping travel days to the minimum for all travels;
- Keeping overtime usage to a minimum. Avoiding local travel during the weekends, unless absolutely necessary;
- Starting from 2013 Q3 the VSAT connectivity cost dropped from US$6,415 per quarter to US$2,412 per quarter. This will save US$16,000 annually;
- Using VOIP (voice over IP) and use of Skype for international calls rather than local telephone lines;
- Re-allocation of emergency supplies from UNERT warehouse in Kurgan Tube to the Committee of Emergency Situation (CoES) warehouse in Dushanbe, brought a saving of US $2,739 in 2013 year and is expected to result in a saving of US$16,394 in 2014.

Changes in AMP & CPMP

The 2010-2015 Programme of Cooperation in Tajikistan underwent a Mid-Term Review (MTR) in 2012/13. The changes agreed during the MTR are reflected in the revised CPMP 2014-15 and will take effect from January 2014. The Annual Management Plan for 2014 will also incorporate these changes, as well as office management and programme priorities agreed at the Annual Management Review Meeting of December 2013.

One important outcome of the MTR is a revised results framework for the country programme. The results structure was revised to a) reduce the number of outputs to provide a sharper focus; b) reflect lessons learned during the first half of the Country Programme as highlighted in the Mid-Term Review; c) incorporate insights gained as a result of a determinant analysis carried out for each output; and d) to align the Country Programme more closely with the CEE/CIS Regional Knowledge and Leadership Agenda. Under child survival and development, sharper focusing has resulted in a reduction to three outputs, prioritizing child survival, nutrition
and HIV/AIDS. The education component sees a reduction to three outputs, now focused on early learning, out-of-school children and the quality of education. The separate output on WASH in schools is discontinued, reflecting lessons learned. In the child protection component, the previously separate outputs on family support care and family substitute care have been combined into one result on child care reform, with a focus on preventing and reducing institutionalisation of children, especially for children under three. The output on Juvenile Justice has been broadened out to Justice for Children, which also incorporates work with child victims of crime and rights violations. The previously separate support and cross-sectoral outcomes have been combined into a single support outcome.

The MTR process also resulted in some changes to the office organogram, approved at the 2013 Programme Budget Review. Changes reflect the need to fund core roles from core resources, the centrality of the Regional Knowledge and Leadership Agenda, and the need to find efficiency gains in a resource-constrained environment. The post of WASH officer was abolished in line with the programme moving out of WASH construction and supplies. To strengthen the critical communication for development (C4D) function, an agreement was reached with UNICEF Uzbekistan for the support of their C4D officer, who will help to ensure that the C4D function is mainstreamed amongst programme staff. The long-vacant P3 C4D post in Tajikistan, which could not be filled due to funding shortages, is abolished. Funding source changes were implemented for some posts, to ensure utilization of core resources for core roles. One National Officer post in the Education Section was upgraded to NOC, reflecting the changed results structure in the respective Programme Component.

Early childhood development, children with disabilities and youth participation will continue to receive attention as cross-office priorities in the remainder of the country programme. Renewed emphasis will be given to the office’s work on gender – both by taking forward targeted interventions towards gender equality and by mainstreaming gender as a cross-cutting concern.

Summary Notes and Acronyms

Summary notes
GNI per capita; share of Government spending on health – World Development Indicators, World Bank
HDI – Human Development Report 2013, UNDP
Income poverty – Tajikistan Living Standards Survey, 2009
Mortality; nutritional status – Demographic and Health Survey, 2012
HIV statistics – Republican AIDS Centre, 2013
Learning achievements – Early Grades Reading Review, USAID, 2011
CWD; children in institutions; juvenile justice – TransMonee Database, 2013
Suicide – Study on Prevalence and Dynamics of Suicide among Children and Young People in Sughd Region, Tajikistan, UNICEF 2013

Acronyms
ANC: Antenatal care
APR: A Promise Renewed
ARI: Acute respiratory infections
ART: Anti-Retroviral Therapy
AS: Agency on Statistics
CAE: Centres of Additional Education.
CBR: Community-Based Rehabilitation
CCC: Core Commitments for Children
CEDAW: Convention on the Elimination of all Forms of Discrimination against Women
CMT: Country Management Team
CoES: Committee on Emergency Situations and Civil Defence
COJ: Council of Justice
CRPD: Convention on the Rights of Persons with Disabilities
CRC: Convention on the Rights of the Child/Contract Review Committee
CRU: Child Rights Unit
CWD: Children with Disabilities
DDP: District Development Plan
DED: District Education Department
DHS: Demographic and Health Survey
DIPECHO: ECHO Disaster Preparedness Programme
DRR: Disaster Risk Reduction
ECD: Early Childhood Development
ELDS: Early Learning and Development Standards
EPI: Expanded Programme of Immunisation
GAVI: Global Alliance for Vaccines and Immunization
GDP: Gross Domestic Product
GFATM: The Global Fund to Fight AIDS, Tuberculosis & Malaria
GoT: Government of Tajikistan
GPE: Global Partnership for Education
HAC: Humanitarian Action for Children
HACT: Harmonized Approach to Cash Transfers
HIV/AIDS: Human immunodeficiency virus infection/ acquired immunodeficiency syndrome
IDUs: Injecting drug users
IEC: Information Education Communication
IMEP: Integrated Monitoring and Evaluation Plan
IPSAS: International Public Sector Accounting Standards
IYCF: Infant and Young Child Feeding
JAR: Joint Annual Review
JJAP: Juvenile Justice Alternative Project
LSBHE: Life Skills Based Health Education
MARA: Most at Risk Adolescents
MBB: Marginal Budgeting for Bottlenecks
MCH: Maternal and Child Health
MEDT: Ministry of Economic Development and Trade
MLSP: Ministry of Labour and Social Protection
MoRES: Monitoring Results for Equity System
MTEF: Mid-Term Expenditure Framework
NPA: National Plan of Action
NSED: National Strategy for Education Development
OSI: Open Society Institute
OOSC: Out of School Children
PBF: Performance-based Financing
PCA: Project Cooperation Agreement
PHC: Primary Health Care
PMTCT: Prevention of Mother to Child Transmission
PMPC: Psychological Medical Pedagogical Consultations
PTUSWI: Practical Training Unit on Social Work and Innovations
RCSA: Risk Control & Self-Assessment
RKLA: Regional Knowledge and Leadership Agenda
RMPC: Republican Medicines Procurement Centre
SAHU: Social Assistance at Home Unit
SA: Staff Association
SMT: Security Management Team
STI: Sexually Transmitted Infections
SUN: Scaling Up Nutrition
TOA: Table of Authority
TransMonEE: Transformative Monitoring for Enhanced Equity
TLSS: Tajikistan Living Standards Survey
UIC: Universal identification code
UNERT: United Nations Emergency Reserve in Tajikistan
USI: Universal Salt Iodization
VCT: Voluntary Counselling and testing
WASH: Water, Sanitation and Hygiene
YFHS: Youth Friendly Health Services
## Evaluation

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
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<tbody>
<tr>
<td>1 Situation Analysis on Universal Salt Iodization</td>
<td>2013/005</td>
<td>SitAn</td>
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<tr>
<td>2 Baseline Study on Accessibility of Schools for Children with Physical Disabilities</td>
<td>2013/006</td>
<td>Study</td>
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<tr>
<td>3 Integrated Monitoring and Evaluation Plan for 2013-2014</td>
<td>2013/007</td>
<td>IMEP</td>
</tr>
<tr>
<td>4 Global Initiative on Out-of-school Children: Tajikistan Country Study</td>
<td>2013/008</td>
<td>Study</td>
</tr>
<tr>
<td>5 Disaster Risk Reduction Knowledge and Skills Survey among Teachers and Schoolchildren</td>
<td>2013/002</td>
<td>Survey</td>
</tr>
<tr>
<td>6 Causal Analysis of Infant Mortality in Tajikistan</td>
<td>2013/004</td>
<td>Study</td>
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## Other Publications

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>1 VCT poster to eliminate mother to child HIV transmission</td>
</tr>
<tr>
<td>2 National policy and clinical protocol on PMTCT</td>
</tr>
<tr>
<td>3 Vitamin and ART calendar</td>
</tr>
<tr>
<td>4 UNICEF@20 in Tajikistan 1993-2013: &quot;Achievements and Aspirations for Children - Toward a Bright Future&quot; Report</td>
</tr>
<tr>
<td>5 State of the World Children 2013 Report (in Tajik and Russian)</td>
</tr>
<tr>
<td>7 Early Childhood Education Curriculum</td>
</tr>
<tr>
<td>8 ABC Booklet folded</td>
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<tr>
<td>9 Guidelines for preparing schools for disasters</td>
</tr>
<tr>
<td>10 &quot;Riskland&quot; Game set</td>
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<tr>
<td>11 &quot;Earthquake-Zaminjunbi&quot; Brochure</td>
</tr>
<tr>
<td>12 Book “Safedorak”</td>
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<tr>
<td>13 Book &quot;Kitobcha dar borai zaminjunbi&quot;</td>
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<tr>
<td>14 Training Guidelines for Teachers on Disaster Risk Reduction</td>
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<tr>
<td>15 Family Planning for Disaster Readiness</td>
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<tr>
<td>16 Poster on Disasters</td>
</tr>
<tr>
<td>17 Healthy Life Style program textbooks for grades 7-9 and Teachers Manual</td>
</tr>
<tr>
<td>18 Psychosocial Support Guide for Children in Emergencies</td>
</tr>
<tr>
<td>19 Prevalence and dynamics of suicide among children and young people in Sughd Region, Tajikistan - Study Report</td>
</tr>
<tr>
<td>20 Concept on Inclusive Education in Braille system</td>
</tr>
<tr>
<td>21 State of the World’s Children Report in Braille system</td>
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<td>22 Country Profiles for Child Protection Forum, in Braille system</td>
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<td>23 Convention on the Rights of the Child Leaflet</td>
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<td>24 Tajik National University Course Book on Child Rights</td>
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<td>25 JJAP Life Skills Game</td>
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<tr>
<td>26 It's about ability (reprint)</td>
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<td>27 It's about ability - Learning Guide</td>
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<td>28 &quot;What is Budget and Why Knowledge of Budget is Important for the Youth&quot; Brochure</td>
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<td>29 Analysis of Review of Criminal Cases of Juveniles Brochure</td>
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<td>30 Compilation of the Supreme Court Decrees for Cases Involving Juveniles</td>
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<td>31 Practical Guide for Trainers to Bring out the Voices of Children in Contact with the Law</td>
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<td>32 Centre for Additional Education Brochure</td>
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<td>33 Small Activities Manual for Police Reception and Referral Centre</td>
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<td>34 JJAP Life Skill Manual for Social Workers and for Children</td>
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