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Country programme document

Tajikistan

Summary

The country programme document (CPD) for Tajikistan is presented to the Executive Board for discussion and comment. The CPD includes a proposed aggregate indicative budget of $13,645,000 from regular resources, subject to the availability of funds, and $23,690,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016-2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

Programme rationale

1. Tajikistan is the only-low income country in the Central and Eastern Europe and the Commonwealth of Independent States region (gross national income [GNI] per capita of $990 in 2013),[1] with an economy heavily reliant on remittances from migrant labourers (47.5 percent of gross domestic product [GDP]).[2] This makes the country and its children, who represent over 42 percent of the population, vulnerable to external shocks, such as the global crisis of 2008 and the recent depreciation of the Russian rouble.

2. While overall income poverty has fallen significantly, from 96 per cent in 1999[3] to 32 per cent in 2015,[4] childhood deprivation remains widespread: a Multiple and Overlapping Deprivation Analysis based on the 2012 Demographic and Health Survey (DHS) shows that as many as 89 per cent of children aged 0-4 face at least one deprivation, with 35 per cent suffering from three or more deprivations in the dimensions considered by the study.[5]

3. The children of Tajikistan are also highly vulnerable to natural and man-made disasters, which include frequent earthquakes, mudflows, landslides, floods and internal and external tensions that pose threats to peace and stability.[6] The ability of the Government to respond to humanitarian crises is limited, and household resilience is constrained partly as result of widespread labour migration.[7]

4. While infant and under-five mortality have declined and are now 41 and 48 per 1,000 live births, respectively,[8] for many young children, the right to survival remains at risk, with significant disparities by wealth and geographical location. Neonatal mortality is stagnating at 22 per 1,000 live births.[9] A 2013 study revealed that the majority of facility-based infant deaths are preventable. The failure to identify disabilities and developmental delays at an early stage results in missed opportunities. Based on World Health Organization estimates of the global prevalence of childhood disability, the number of children with disabilities (CWD) in Tajikistan is probably much higher than the 26,000 officially registered.

5. A determinant analysis conducted with partners according to the Monitoring Results for Equity System (MoRES), shows the need to improve the management of childhood illnesses, perinatal care, capacity of health professionals and the availability of essential equipment and drugs. An important bottleneck is the low Government spending on health which, at 1.9 percent of GDP in 2013,[10] is leading to high out-of-pocket expenditure and undermining the sustainability of priority programmes in maternal and child health (MCH). Financial barriers, along with uneven geographical availability of services, result in persistent inequity in access to health care. Shortfalls in State funding and insufficient MCH

[1] GNI per capita, Atlas method (current US$), 2013 - http://data.worldbank.org/country/tajikistan.
[2] Personal remittances, received (percentage of GDP), 2012: http://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS.
[3] Based on a country-specific poverty line: http://data.worldbank.org/country/tajikistan.
[4] Government of Tajikistan statistics (TAJSTAT). Продовольственная безопасность и бедность №3 – Агентство по статистике при Президенте Республики Таджикистан, 2014: http://stat.tj/ru/img/f847a858478260b1abcc6681d6a07473_1419327489.pdf
[5] Dimensions: Health, Nutrition, Education, Child Protection, Water, Sanitation, Housing, Information.
[6] Central Asia Multi-Hazard Risk Report. Maplecroft, 2014.
[7] The Impact of Labour Migration on Children and Families Left Behind. UNICEF, 2011.
[8] Inter-agency Group for Child Mortality Estimation, at http://www.childmortality.org/index.php?r=site/graph#ID=TJK_Tajikistan
[9] Ibid.
[10] Ministry of Health and Social Protection of the Population (MoHSPP).

management capacities, particularly at the subnational level, also affect the quality of care. The polio outbreak in 2010 was an indication of such gaps in the health system.

6. The prevalence of malnutrition among under 5 children remains high, at 26 per cent forchronic and 10 per cent for acute cases; boys and girls are equally affected. Many women and children also suffer from micronutrient deficiencies, particularly high rates of anaemia and iodine deficiency. Only 39 per cent of households consume adequately iodized salt.[11] A 2012 study estimated that malnutrition costs Tajikistan $41 million annually in economic losses, most of which could be prevented through cost-effective interventions, such as universal salt iodization, promotion of good child feeding practices and management of severe acute malnutrition.[12]

7. At the end of 2013, there were 365 children confirmed as having HIV. There is concern about the rising number of women and children infected and the increasing proportion of cases transmitted sexually or without known cause of infection. Tajikistan is also a high-burden country for multidrug-resistant tuberculosis (TB), with high TB/HIV co-morbidity. TB is indeed a major but often unrecognized cause of disease and death among children.

8. Children are not receiving sufficient support for early learning and school readiness in the home environment. Pre-primary education is not compulsory and access is extremely limited: the net enrolment rate (ages 3-6) was 11 per cent in 2014, the lowest in the region. Enrolment remains biased towards children from urban and wealthier families.

9. Regarding education, out of school children included 3.9 per cent of those 7-10 years old (as of 2014), and 5.7 per cent of those 11-15 years old (as of 2011).[13] At lower secondary level, 9.1 per cent of girls were out of school, compared to 2.4 percent of boys.[14] CWD are among the most marginalized, with only 19 per cent of those 7-18 years old attending mainstream schools.[15]

10. While the Government has initiated curriculum reform to shift the focus from knowledge to competencies and mainstreaming life skills-based education, learning achievement needs improvement: reading comprehension is low in early grades,[16] and there is also no systematic measurement of learning outcomes.

11. Adolescents have huge potential to contribute to development but face significant challenges, including the fact that public services are of poor quality and are not tailored to their needs. Perceiving education to be of limited relevance and faced with its poor quality, a significant number of children do not continue beyond the compulsory grades 1-9. Adolescents have challenges in accessing health services that are unaffordable, have low quality and are not 'youth-friendly'. Children's limited life skills, leave them ill-prepared for their future, including as parents. Livelihood options are limited for young people,

[11] DHS, 2012.

[12] Situation Analysis - Improving economic outcomes by expanding nutrition programming in Tajikistan. World Bank/UNICEF, 2012.

[13] United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics, 2015, at http://data.uis.unesco.org/

[14] UNESCO Institute for Statistics, 2015, at http://data.uis.unesco.org/

[15] Ministry of Education and Science, Education Management Information System (2014) and MoHSPP Data on Registered Persons with Disabilities (2013).

[16] United States Agency for International Development, Kyrgyzstan and Tajikistan Early Grade Reading Review, 2011, at http://www.gem2.org/sites/default/files/Early%20Reading%20Report_FINAL%20draft%2011232011.pdf

particularly women, ethnic minorities and persons with disabilities. As a result, many boys see labour migration as their only option, while many girls focus on marriage and motherhood, thereby contributing to high levels of early marriage and pregnancies.

12. There is an apparent increase in the number of suicides among young people. The estimated average yearly rate for the Sughd Region, for example, is 13.4 per 100,000 for girls and 10.9 for boys aged 12–24. Identified determinants include domestic violence, loss of a loved one and unjust blame. In addition, mental health services are underdeveloped, with no specialized services for young people.[17]

13. The voices of adolescents go largely unheard in public and in private domains, particularly for girls. Rights awareness and political participation are limited. Corruption in service delivery is a big concern for adolescents.[18] Youth in Tajikistan face higher rates of illiteracy and unemployment, and poorer health than did the previous generation. Lack of opportunities and limited space for participation in decision-making place youth at risk.

14. Children do not yet benefit from an integrated, comprehensive social protection system comprising complementary benefits and services. Benefits are small, poorly targeted, inefficiently managed and limited in coverage, reaching only 11per cent of poor households. Social assistance accounts for only 0.5 percent of GDP, the lowest level in the region.[19] Key bottlenecks include the fact that services that are patchy and reach only a fraction of those eligible,[20] and community-based services and the social work profession are poorly developed. At the same time, inadequate social protection increases the risk of institutionalization for CWD and children from poor families.

15. The number of children in residential care institutions has changed little, with an estimated 278 children under three institutionalized as of February 2013. A 2014 rapid assessment showed that the vast majority of children in institutions were placed there because of economic or social determinants. CWD and girls are more likely than others to be institutionalized. Key bottlenecks in the child protection system relate to identification, assessment, referral and gate-keeping systems, and case management.

16. Juvenile offending increased from 625 cases in 2012 to 800 cases in 2014,[21] but the number of convicted juveniles declined from 504 to 441 in the same period.[22] However, the number of juveniles serving prison sentences has grown since 2012, despite the fact that most crimes are property-related and committed by first-time offenders. The number of children referred to juvenile justice alternatives remains small. Children in conflict with the law are at risk of ill-treatment, particularly during arrest and initial inquiry.

17. A key lesson learned during the 2010-2015 country programme was that the rights areas covered were too broad, while the geographical targeting was overly narrow. The programme focused on priority districts with high levels of childhood deprivation, with the aim of delivering results for disadvantaged children by integrating child rights into local planning

[17] UNICEF, Study on Prevalence and Dynamics of Suicide among Children and Young People (12-24 years of age) in Sughd Region, Tajikistan, 2013, at http://www.unicef.org/tajikistan/Suicide_Study_Report_for_WEB_ENG(1).pdf.

[18] The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. Tajikistan, 2013.

[19] World Bank, Analysis of the Safety Nets in Tajikistan, 2014.

[20] European Union, 2012.

[21] Government of Tajikistan Ministry of the Interior, 2014.

[22] Government of Tajikistan Ministry of Justice, 2014.

processes, strengthening local capacity to monitor child rights and modeling innovations for national scale-up. This strategy was not entirely successful. Given the limited resources, delivering demonstrable results for children across a range of child rights indicators proved too ambitious. In addition, focusing programme implementation on a limited number of districts did not do justice to the wide geographical variation in childhood deprivations. The 2016-2020 country programme will continue to work at district level to model innovations and respond to specific childhood deprivations, but will not focus the entire country programme on select priority districts.

18. The midterm review of the 2010-2015 country programme concluded that the programme's approach to water, sanitation and hygiene (WASH) in schools had significant shortcomings in terms of effectiveness, efficiency and sustainability, and that it did not succeed in establishing an affordable model for WASH infrastructure viable for national scale-up. The support for construction and supplies in WASH in schools was thus discontinued, and the programme re-focused on promoting hygiene-related life skills.

19. The MTR also concluded that a sectorally focused results framework could inhibit the cross-sectoral linkages required to deliver results. Therefore, the 2016-2020 country programme will take a life-cycle approach, to ensure that child rights in different phases of childhood are promoted in a holistic manner.

20. The 2010-2015 country programme also revealed the importance of addressing child rights issues for adolescents, who have enormous potential to contribute to the realization of child rights, as demonstrated through youth-led studies and communication for social change. Therefore, rights issues for adolescents will be addressed comprehensively and youth participation pursued as a central programme strategy.

Programme priorities and partnerships

21. The overall aim of the country programme is to accelerate progress towards the realization of the rights of all children, with special attention given to closing equity gaps at different stages of the life cycle. UNICEF will share its expertise with both the Government of Tajikistan and civil society to support efforts to implement the Concluding Observations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, as well as efforts towards ratification and implementation of the Convention on the Rights of Persons with Disabilities.

22. The new country programme is aligned with key Government of Tajikistan policies and strategies, in particular the National Development Strategy, the Living Standards Improvement Strategy and relevant sector strategies and policies. The programme of cooperation is anchored in the 2016-2020 three thematic areas of the United Nations Development Assistance Framework (UNDAF) and contributes directly to five of the six UNDAF outcomes. The programme results are also aligned with the UNICEF Strategic Plan and Gender Action Plan for 2014-2017 and will contribute to the post-2015 Sustainable Development Goals.

Surviving and thriving in the early years

23. The first programme component will focus on ensuring the best possible start in life for children. It will aim to increase quality coverage of high-impact, evidence-based health, nutrition and early childhood development interventions that allow children to survive and to develop socially, emotionally, physically and intellectually. The programme will pay special

attention to the first 1,000 days, which have lifelong implications. This component will promote children's rights to survival and development, to health, including being born free of HIV, and to comprehensive well-being. It will aim to reduce equity gaps for children in underserved areas and CWD.

24. Key bottlenecks mentioned above, which threaten to hamper child survival and development in the early years, are insufficient allocation of public finances and inefficiencies in public expenditure. This programme component will strengthen equity-focused planning, budgeting and public financial management in favour of essential maternal and child and newborn health, nutrition, immunization, and other early childhood development interventions. UNICEF will play a brokering role among the Government, United Nations agencies and civil society to contribute to health sector financial reform, aiming for sustained gains toward universal health coverage.

25. A second set of bottlenecks relates to the willingness and ability of caregivers and communities to adopt healthy behaviours and appropriate nutrition and care practices, as well the capacity of policymakers and service providers to create an enabling environment for this. This programme component, in collaboration with the media and civil society, will support caregivers and communities to improve infant and young child feeding and maternal nutrition practices, immunization uptake, treatment of childhood illnesses and early care for child development. The capacity of front-line service providers will be strengthened. Special attention will be given to CWD, children living with HIV and tuberculosis, and children in remote rural areas. Communication for social change will help in addressing social norms, practices and beliefs that hinder child-friendly behaviours and practices.

26. The third bottleneck is the quality of maternal, newborn and child health services. The new country programme will continue to contribute to improving the quality of care, through technical assistance and capacity-building. This entails strengthened infection control in maternal, neonatal and child health services, system-strengthening for immunization services and greater accountability in service provision. In addition, this programme component will aim to improve the capacity of the Government, public oversight bodies and civil society to strengthen the voice of parents, caregivers and children in demanding quality services. This will enhance quality assurance as well as transparency and accountability for service delivery.

27. The fourth bottleneck relates to multi-sectoral coordination, essential for early childhood development. This programme component will continue to support the Government in strengthening the inter-sectoral coordination mechanism, within the framework of the SUN (Scaling Up Nutrition) movement, and to promote a multi-disciplinary approach to early childhood development that is focused on the child and family.

Inclusive, quality learning

28. In the 2010-2015 country programme, remarkable progress was achieved in early childhood education (ECE), through development of an alternative ECE model, which was adopted by the Government and is being replicated, with the aim to double enrolment and reach 25 per cent of children 3-6 years old by 2020. UNICEF will support the Government to reach this goal, by leveraging resources for ECE and maintaining a quality and an equity focus in access. This is crucial since, even once Government plans are achieved by 2020, three quarters of children 3-6 years old will still not be enroled in ECE centres. This programme component will contribute to fulfilling the rights of children to early learning and an inclusive quality education, with a particular focus on girls, CWD and children from poor

families. UNICEF will work with key duty bearers to build capacity for the promotion and provision of alternative early learning opportunities, including in the home environment, while monitoring and promoting their equity focus.

29. While enrolment levels in basic education are high overall, a number of children are either out of school or at risk of dropping out. Lack of access to education, therefore, is a bottleneck that needs continued attention. During the previous country programme, data collection and advocacy helped to gain greater recognition of this issue. The new country programme will build on these achievements to identify children who are out of school or at risk of dropping out, and facilitate appropriate measures by education authorities and parents. UNICEF will work with partners to develop accelerated-learning solutions for children out of school or at risk of dropping out. Communication for social change strategies will address social norms that undermine the enrolment of CWD and the transition of girls to education levels beyond the compulsory grades.

30. This programme component will also continue to support improved quality of education, building on ongoing efforts to strengthen pre-service training of educators to promote learner-centred teaching and to support an inclusive education system. Efforts will support the national learning outcomes assessment system, based on the best international standards. The programme will assist the Government in the planned transition to a 12-year education system, including the associated curriculum reform. UNICEF will continue its work with the Ministry of Education and Science to strengthen evidence-based policy and planning.

Full participation of adolescents

31. The third component aims to unlock the potential of adolescents, by empowering them to participate fully in all aspects of life. It will involve adolescents in their becoming change makers, promoting an inclusive, tolerant and peaceful society, and will promote the right to a ‘second chance’ for children in the second decade of their lives.

32. Full participation of adolescents, including those from ethnic minorities and those with disabilities, with HIV, or with a history of conflict with the law, is hindered by social norms that discourage children and youth from having their own opinions and expressing themselves openly. Adolescent girls face even stronger obstacles to their participation. This programme will enable the Government and civil society to involve adolescents in promoting social norms for a peaceful, tolerant and inclusive society.

33. This component will also address a second bottleneck concerning the ability of adolescents to demand and access information and youth-friendly services. It will support national and local government institutions and civil society to promote rights awareness and life skills development, and will continue to support the expansion of service provision for and with adolescents, building on the successful model of Youth-Friendly Health Services. At the same time, it will promote development of psychosocial services for adolescents, including suicide prevention.

34. Finally, this programme will work with the national and local government institutions and civil society so that adolescents’ needs and priorities can be better addressed in national- and local- level policy and budgeting processes. This will include creating opportunities for adolescents, including the most disadvantaged, to be heard in these processes.

Protective environment for children

35. The final programme component recognizes the fact that children face various kinds of risk and vulnerability at all stages of their childhood. There is a need to build a protective environment that prevents and responds to deprivation, violence, abuse, exploitation and neglect, especially for the most vulnerable. In doing so, the programme will contribute to fulfilling children's rights to a supportive and caring family environment, access to justice and adequate social protection.

36. At system level, this component will contribute to strengthening the policy and legal framework for child protection and social protection, providing technical assistance to basing the development and implementation of relevant laws, policies and strategies firmly on evidence and bringing them in line with international standards. Working with the Government and civil society at national and local levels, it will strengthen evidence-based, equitable resource allocation and promote stronger inter-sectoral coordination towards an improved protective environment. UNICEF will contribute to efforts to design an integrated social protection system and demonstrate its feasibility and relevance. This will include revision of existing services and benefits as well as the introduction of new evidence-based and equity-focused models of services. The programme will work towards a child protection system with better identified roles and responsibilities, a strengthened gatekeeping mechanism, as well as improved capacity for assuring the availability of, and accessibility to, quality services.

37. Children are often exposed to risk and vulnerability and left unprotected because of social norms and harmful practices and beliefs. These include the perception of CWD as bringing shame and burdens to their families and society; and the tolerance of physical punishment of children and violence against women and girls. This programme's focus on innovative communication for social change will help to overcome these barriers.

38. Given the high vulnerability of the children of Tajikistan to the impact of natural disasters and climate change, disaster risk reduction will be mainstreamed throughout the programme. Humanitarian response will be programmed under each outcome, as required. The environmental impact of all programme interventions will be closely scrutinized, and mitigating measures will be taken whenever required.

39. The country programme will be implemented in close collaboration with central and local government. Partnerships will be forged with civil society organizations, particularly those that are led by, or working for, youth. UNICEF will work closely with sister United Nations agencies under the governance structure of the UNDAF. UNICEF will continue to play an important role in the broader development partnerships and humanitarian coordination efforts. New and strengthened partnerships will be explored with the private sector and academia, while collaboration with the media will be enhanced.

Cross-sectoral

40. The results and resources framework of the new country programme is organized around rights issues that affect children at three stages of the life cycle, while considering risk and vulnerability faced throughout childhood. The programme will adopt a mix of mutually reinforcing programme strategies: communication for social change; advocacy and communication for child rights and equity; strengthening national capacity and systems for data collection and analysis and for child rights monitoring; innovation; sustained, system-wide capacity-building for the equitable delivery of services; youth participation; and disaster

risk reduction and emergency preparedness. Given that Tajikistan remains a low-income country with persistent capacity constraints, the programme will support delivery of improved quality of services.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Surviving and thriving in the early years	3 730	8 000	11 730
Inclusive, quality learning	2 635	6 190	8 825
Full participation of adolescents	1 975	3 500	5 475
Protective environment for children	3 805	5 500	9 305
Cross-sectoral	1 500	500	2 000
Total	**13 645**	**23 690**	**37 335**

Programme and risk management

41. This CPD outlines UNICEF contributions to results for children. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures and the internal controls framework.

42. The main risks to country programme implementation are inefficient use of resources; hazards that threaten business continuity and sustained progress towards results; the inability to mobilize sufficient partners' resources due to the possibility of declining donor interest in Tajikistan, challenges in advocating for an increase in Government budget allocations for social services, and the mounting impact of the economic crisis in the region. An integral part of all relevant programmatic interventions will be stronger policy dialogue, advocacy and capacity-building for budgeting, sustainable public financing and costing of reforms and strategies benefiting children. UNICEF will conscientiously implement the policy on the harmonized approach to cash transfers, while working closely with other United Nations agencies to strengthen assurance activities. Building on success in recent years in working with partners, UNICEF will continue strengthening its emergency preparedness and response readiness and will further diversify its portfolio of funding partners to mitigate the risk of declining donor interest.

Monitoring and evaluation

43. The lack of timely and disaggregated data of good quality is a constraint for the equitable fulfilment of child rights. The country programme of cooperation will continue to support strengthening registration and national data systems for child rights monitoring, with a focus on tracking equity gaps and real-time monitoring of the impact of shocks. Capacity to analyse, interpret and take action on evidence remains weak. Across all programme outcomes, strengthening capacity for evidence-based decision-making will be a priority. The

UNDAF offers opportunities for coordinated United Nations action to strengthen monitoring and evaluation systems. As noted in the costed evaluation plan, at least one evaluation is planned for each programme component, carried out jointly with the Government, where appropriate.

Annex

Results and resources framework

Tajikistan-UNICEF country programme of cooperation, 2016-2020

Relevant Convention on the Rights of the Child articles: 6, 14, 15, 19, 19.1, 23, 24, 26.1, 28, 29
National priorities: Development of human potential aimed primarily at increasing the quantity and quality of social services for the poor and achieving the Sustainable Development Goals, expanding public participation in the development process and strengthening social partnerships (National Development Strategy (NDS), Living Standards Improvement Strategy (LSIS) and sector strategies).

United Nations Development Assistance Framework (UNDAF) OUTCOMES INVOLVING UNICEF:
Outcome 1: People in Tajikistan have their rights protected and benefit from improved access to justice and quality services delivered by accountable, transparent, and gender-responsive legislative, executive and judicial institutions at all levels.
Indicator: 1.9 Progress in implementation of the Judicial and Legal Reform Programme
Outcome 3: People in Tajikistan benefit from quality, equitable and inclusive health, education and social protection systems
Indicators: 3.1. Net enrolment ratio (NER) in primary education, children between the ages of 36-59 months

- 3.2. Transition rate from lower secondary to secondary general education, by sex (Grade 9 to Grade 10)
- 3.3. Percentage of children, aged 7-15, with registered disabilities attending mainstream schools
- 3.4. Out-of-school rate for adolescents of lower-secondary school age, by sex.
- 3.6. Percentage of GDP for public health expenditure
- 3.7. Neonatal mortality rate (per 1,000 live births)
- 3.8. Under-five child mortality rate (per 1,000 live births)
- 3.9. Maternal mortality ratio (per 100,000 live births) (disaggregated by wealth quintiles and region)
- 3.12.Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission
- 3.14 Percentage of young women/men aged 15–24 who correctly identify ways to prevent sexual transmission of HIV and reject major misconceptions about HIV transmission
- 3.15.Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.
- 3.17. Percentage of planned state budget expenditure on social protection (to be disaggregated by type of social protection)
- 3.18. Number of CWD receiving social pensions

Outcome 4: The nutritional status of the people in Tajikistan is improved through stable access to sufficient, appropriate and safe food, improved child feeding practices, better water and sanitation and improved access to quality health care
Indicators:

- 4.1. The prevalence of stunting, wasting, underweight among children under age 5
- 4.2. Exclusive breastfeeding rate among children under 6 months
- 4.3. Prevalence of anaemia among women of reproductive age (15-49)
- 4.4. Level of anaemia among children (6-59 months)
- 4.5. Percentage of households consuming adequately iodized salt

• 4.6. Proportion of children aged 0-59 months with diarrhoea receiving oral rehydration therapy and zinc Outcome 5: Women, youth, children, persons with disabilities and other vulnerable groups are protected from violence and discrimination, have a voice that is heard and are respected as equal members of society Indicator: 5.4 Ratification of the Convention on the Rights of Persons with Disabilities by the Government of Tajikistan Outcome 6: People in Tajikistan are more resilient to natural and man-made disasters and benefit from improved policy and operational frameworks for environmental protection and sustainable management of natural resources Indicator: 6.11. Proportion of rural communities with increased capacity to manage shocks and risks							
Related UNICEF Strategic Plan outcomes: 1, 2, 4, 5, 6, 7							
UNICEF country programme outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** *(in thousands of United States dollars)*		
					RR	***OR***	***Total***
1. More children, including the most marginalized, are surviving, healthy, well nourished and developing to their full potential in their early years, with focus on the first 1,000 days.	Neonatal mortality rate (per 1,000 live births, UNDAF indicator) *Baseline: 22 (2013)* *Target: 16 (2020)* Under-five child mortality rate (per 1,000 live births, UNDAF indicator) *Baseline: 48 (2013)* *Target: 25 (2020)* The share of the budget requirement for vaccines and related devices covered by the Government *Baseline: 20% (2014)* *Target: 50% (2019)* % of last births with a postnatal check-up by skilled health providers within one week after delivery *Baseline: 61% (total), 66% (Born in health facility), 47% (Born elsewhere (2012)* *Target: 80% (2018)*	Inter-agency Group for Child Mortality Estimation (IGME) IGME MoHSPP administrative data Demographic and Health Survey, /Multiple	**1.More pregnant women and children benefit from Government's increased, efficient, transparent and equitable budget allocation and utilization regarding maternal and child health and nutrition interventions** **2. Caregivers and communities are supported to adopt healthy behaviours and appropriate nutrition and care practices for all children, including children with disabilities, HIV and**	Ministry of Health and Social Protection of the Population (MoHSPP), other relevant state institutions, civil society WHO, UNFPA, UNAIDS, WFP, FAO, UNDP	3 730	8 000	11 730

		Indicator Cluster Survey, MoHSPP	**TB, with special attention to the first 1,000 days** **3. Parents, caregivers and children demand and benefit from improved quality of maternal, newborn and child health care services, in accordance with international standards, including during emergencies** **4. Government's capacity to coordinate and manage multi-sectoral nutrition and early childhood interventions is strengthened**				
	Prevalence of stunting (S), wasting (W), underweight (U) among children under 5 (UNDAF indicator) *Baseline: S 26%; W 10%;U 12% (2012)* *Target: S 20%; W 7%; U 8% (2018)* Level of anaemia among children aged 6-59 *Baseline: 29% (2009) (*UNDAF indicator) *Target: 25% (2018)* Prevalence of anaemia among women of reproductive age (15-49) (UNDAF indicator) *Baseline: 24% (2009)* *Target: 16% (2018)*	DHS/Nutrition survey DHS/Nutrition survey DHS/Nutrition survey					
	% of HIV positive pregnant women who receive antiretrovirals to reduce the risk of	Country AIDS response					

	mother-to-child transmission of HIV during the last 12 months (UNDAF indicator) *Baseline: 31.9% (2013)* *Target: 80% (2019)*	progress reporting					
2. All children have improved access to quality inclusive education, from early learning to secondary education, particularly those who are most marginalized.	Net enrolment ratio in pre-primary education, children aged 36-71 months (UNDAF indicator) *Baseline: 10% girls / 12% boys (2014)* *Target: 25% (2020)* Transition rate from lower secondary to secondary general education (Grade 9 to Grade 10, UNDAF indicator) *Baseline: 75% girls / 77% boys (2014)* *Target: 85% (2020)* % of children aged 7–15 with registered disabilities attending mainstream schools (UNDAF indicator) *Baseline: 19% (2013)* *Target: 40% (2020)* Out-of-school rate for adolescents of lower-secondary school age (UNDAF indicator) *Baseline: 9.1% girls / 2.4% boys (2011)* *Target: 2% (2020)* % of parents of children without disability who consider it acceptable that their children attend classes together with CWD *Baseline: TBD (2016)* *Target: TBD (2019)*	Education Management Information System, (EMIS), other State statistics data Knowledge, Attitudes, Beliefs and Practices Survey (KABP)	**1. More children aged 3-6 years benefit from increased capacity of government, partners, communities, and caregivers as duty bearers to provide and promote early learning** **2. More children demand and benefit from an increased political commitment, national capacity, and accountability to adequately programme to improve access and participation to complete preschool and basic education, and transition to further education, in an equitable environment** **3. All children benefit from improved capacity at the national level to legislate and plan for strengthening of education to realize**	Ministry of Education and Science; other relevant State institutions, civil society UNDP, UNFPA, UN-WOMEN, OHCHR, UNHCR, ILO, OSCE, World Bank, USAID, European Union (EU), German Development Institute (GIZ), Aga Khan Institute, Open Society Institute	2 635	6 190	8 825

			quality learning in a safe and inclusive environment				
3. Adolescents, including the most marginalized, are recognized as equal members of society and empowered to participate meaningfully in all aspects of life	% of adolescents (10-19 years old), who strongly agree that they can resist negative pressure from their peers and seniors *Baseline: Total, Male, Female (TBD)* *Target: Total, Male, Female (TBD)* % of adolescents, who report that they are involved in family and community decisions on matters that concern them *Baseline: Total, Male, Female (TBD)* *Target: Total, Male, Female (TBD)* % of adolescents, , who report that they are involved in local government decisions on matters that concern them *Baseline: Total, Male, Female, CWD, ethnic minorities (TBD)* *Target: Total, Male, Female, CWD, ethnic minorities (TBD)* % of adolescents, including those who face stigmatization and discrimination. who know where and how to access youth-friendly services *Baseline: Total, Male, Female (TBD)* *Target: Total, Male, Female (TBD)*	State statistics data; As this is a new programming area, new data tools will be developed with Government to determine baselines and track progress. Targets will be set once the baseline is developed	**1.The normative framework and budget for adolescents, especially for the marginalized, is improved to promote the realization of their rights to information, quality services and participation in matters concerning their lives** **2.Adolescents, including the most marginalized, demand and have access to quality youth-friendly information, services and capacity development** **3.Social norms shift in favor of the increased participation and voice of all adolescents, with a special focus on the most marginalized**	Committee on Youth, Sports and Tourism, other relevant State institutions, civil society WHO, UNFPA, UN-WOMEN, UNAIDS, UNDP	1 975	3 500	5 475

4. Children who are most at risk benefit from a better functioning protective environment that prevents and responds to deprivation, violence, abuse, exploitation and neglect	% distribution of children in formal care by type of care (residential care vs. family-type care), at the end of the year *Baseline: 84%/16% (2013)Male, Female, CWD (TBD)* *Target: 77%/23% (2020) Male, Female, CWD (TBD)* Number of CWD in residential care (disaggregated by sex) *Baseline: 2,493 (2013) Male, Female (TBD)* *Target: 1,653 (2020) Male, Female (TBD)* Number of children in contact with law diverted to alternative community based support during the year *Baseline: 99 (2013) Male, Female (TBD)* *Target: 200 (2020) Male, Female (TBD)* Number of CWD receiving community care service during the year *Baseline: 240 (2014) Male, Female (TBD)* *Target: 1000 (2020) Male, Female (TBD)* Percentage of parents who consider physical punishment of their children acceptable under given circumstances *Baseline: TBD (2016)* *Target: TBD (2019)* Number of CWD receiving social pensions (UNDAF indicator) *Baseline: Total: 26,000 (2014), Male, Female (TBD)* *Target: Total: 35,000 (2020), Male, Female (TBD)*	TRANSMONEE State statistics data World Bank KABP Survey	**1. Children benefit from an improved protection system based on a policy and legal framework in line with international standards, adequately resourced by evidence-based, equitable resource allocation and executed through strong inter-sectoral coordination at central and local levels** **2. National and local authorities increasingly ensure availability and accessibility of quality child protection services and social benefits, including during emergencies, for children most at risk and their families** **3. Social norms shift in favour of better protection and inclusion of the most marginalized children**	Commission on the rights of the child, other relevant State institutions, civil society UNDP, WHO, UNFPA, UN-WOMEN, OHCHR, UNHCR, ILO, USAID, EU, Swiss Development Cooperation, GIZ, Japan International Cooperation Agency	3 805	5 500	9 305

	% of planned state budget expenditure on social protection (to be disaggregated by type of social protection) (UNDAF indicator) *Baseline: 18,6% (2015)* *Target: 22% (2020)*						
5. **Cross-sectoral**	Effective development, planning, coordination, delivery and monitoring of country programme results	Periodic reviews and evaluations of programme components	Guidance, tools and resources to effectively design and manage programmes are available to UNICEF and partners Strategies to address cross-cutting issues related to child rights are implemented		1 500	500	2 000
Totals					**13 645**	**23 690**	**37 335**