The Republic of Tajikistan is a small, mountainous and land-locked country in the south-eastern area of Central Asia. To the west and north, it shares borders with Uzbekistan and the Kyrgyz Republic. To the east and south with the People’s Republic of China and the Islamic State of Afghanistan. Ninety-three percent of its territory is covered by three vast mountain ranges: the Pamirs, the Tian Shen and the Hissay-Alay.

Two thirds of Tajikistan’s 6.2 million people are poor and live in rural areas. Half of them are children many of whom will die before reaching their fifth birthday. More than half of the deaths among children under five years of age are caused by childhood illnesses and malnutrition. Amongst schoolage children many girls do not complete nine years of compulsory education.

The Tajik people celebrated its independence over a decade ago but also suffered from the civil war which lasted for almost five years. With peace secured in 1997 and stability gaining ground since then, numerous opportunities have emerged which could help determine a bright future for the country’s young population.
HUMAN DEVELOPMENT AND BASIC HEALTH INDICATORS

POPULATION: 0-19 years: 3,380 - Percentage of total: 52%

LIFE EXPECTANCY AT BIRTH: Female: 71.3 years (2002)
                                                Male: 66.0 years (2002)

INFANT MORTALITY RATE: 27.9 per 1,000 live births
                           (Ministry of Health 2000)
                           89.0 per 1,000 live births (MICS 2000)

UNDER FIVE MORTALITY RATE: 118 per 1,000 (UNICEF SOWC 2005)
Maternal Mortality rate: official 50.6 per 100,000 live births
                           SOWC 100 per 100,000 live births


IMMUNIZATION (FULLY VACCINATED): 74%
                                   One year old immunized against TB 99% (2003)
                                   DPT 82% (2003)
                                   Measles 89% (2003)

BIRTH REGISTRATION: 75% (1999-2003)

ADULT LITERACY RATE: Female: 83.4% (2002)
                     Male: 92.5% (2002)

PRIMARY SCHOOL ENROLMENT: 98% (2003)

POPULATION WITH Access TO POTABLE WATER: 58% (2002)

CHILDREN AGED 5-14 WHO ARE WORKING: 18% (1999-2003)

ADULT PREVALENCE RATE FOR HIV: 0.1% (2004)

FOREWORD

A DECADE OF CHANGE & CHALLENGE

2004 is a milestone year for UNICEF in Tajikistan as it marks 10 years of progressive commitment to women and children in the country. Although Tajikistan has experienced its share of growing pains, it has not been alone — UNICEF has been there to make a difference. UNICEF is about children. Children are the future and the future is full of promise. It is in their hands that significant advancements will be made and it will be through them, as they mature into honourable adulthood, that rights for all are permanently woven into the fabric of Tajik society.

This anniversary publication reflects the progress made by the country, highlights the successes and lessons learned by UNICEF and most importantly, is a celebration of the resilience and perseverance of children and women as they continue to take important steps in asserting their fundamental rights. It is a portrait of a nation in transition and of a people’s hopes and aspirations as it seeks its place in the new millennium.

The articles and photographs, though varied and intimate in their portrayals of individuals and issues, cannot do justice to the beauty of the country nor the people who inhabit it. It is a land of towering mountains, glacial peaks and untamed rivers. It has an ethnic tapestry rich in history and culture; but, Tajikistan is a relatively new member to the community of nation-states and is still in the process of transforming itself, politically and economically. With the splitting asunder of the Soviet Union, it has had to look introspectively; and, consequently, has faced the difficulty of balancing the re-emergence of customs and traditional mores with the needs of a modern society. The gains in social and economic equality for women realized under the Soviets have been eroded as rights and liberties sometimes run afoul of patriarchal dominance — particularly in the remote rural areas. But, guarantees are present in the constitution and the civil code. More rigorous enforcement is needed to assure that due process is accessible to the full spectrum of society.

UNICEF does not, nor cannot work alone. Its achievements are the result of carefully cultivated relationships with a rainbow of partners. Its next programme cycle is slated to begin in 2005 and is an ambitious, but achievable blueprint for progress. Continued success will depend upon strengthening the bonds it has forged to-date and in maintaining the high level of energy and creativity necessary to effectively address concerns affecting women and children.
The new programme is part of a concerted effort being undertaken by the United Nations family of agencies, throughout the world, to help developing nations meet their Millennium Development Goal (MDG) obligations. Through a cooperative and complementary strategy known as the United Nations Development Assistance Framework, priorities are identified according to the needs of the country. Activities are pursued in a manner which ensures that ownership is exercised first and foremost by the government.

Tajikistan published its Poverty Reduction Strategy Paper in 2002. This strategy, developed in a participatory process, acknowledged that macro-economic stability is the key to reducing poverty and noted a number of critical sectors in need of far-reaching reforms. The government’s plan provided a macro-economic framework and promoted a multi-sectoral approach to reducing poverty, but it recognized that much had to be accomplished before a practical strategy could be implemented that was within the nation’s financial and institutional means.

In 2003, Tajikistan presented its first report to the United Nations on progress towards achieving the Millennium Development Goals. The report concluded that in spite of the government’s firm commitment to achieving the goals, many are not likely to be met. Extreme poverty could “potentially” be halved, children “probably” will complete nine years of basic education and it “might” be possible to lay the groundwork to stabilize HIV/AIDS, but a decrease in gender disparity, child mortality, maternal mortality and a halt to the spread of malaria would not be fully realized by 2015.

Tajikistan ratified the Convention on Rights of the Child in 1993 and submitted its first report to the Committee on the Rights of the Child in 2000. The Concluding Observations of the Committee noted Tajikistan’s efforts in adopting legislative and administrative measures related to the rights of children as well as its ratification of major international human rights treaties. The government validated and accepted as a foundation for policy reform, the recommendations made by the Committee. They have subsequently served as a programming and monitoring framework for the government and its partners. Tajikistan’s next report is due in 2005.

With UNICEF leadership and growing ownership by national and local authorities, the momentum is such that the country can move in only one direction – forward, and UNICEF will be there, every step of the way.
The war, the general economic contraction and the loss of social services have caused a drastic deterioration in overall living conditions throughout the country. Tajikistan’s per capita annual GDP 2002 stands at around US $236, making it the most impoverished of the former Soviet republics and one of the poorest countries in the world. It is estimated that 64% of the population is living below the national poverty line.

Unemployment, virtually nonexistent before independence, has increased to approximately 12 per cent. Real wages have declined by 80 per cent since 1991, as nominal wages averaging US $13.2 per month have failed to keep pace with Tajikistan’s high post-independence inflation rates.

HUMAN DEVELOPMENT TRENDS

The problems the country must confront are disproportionate to its size. It has an onerous external debt, increasing drug use amongst its youth, a crumbling infrastructure and the danger of HIV and AIDS exploding into an epidemic. Migration out of the country is a compounding factor. As many men seek employment elsewhere, particularly in Russia, the burden on women to keep the family together increases. Resulting financial strains are forcing children onto the streets seeking menial labor to make family ends meet. When poverty and social stress become too great, many parents are placing their children into state institutions.

Nearly all indicators of human development noted in the Common Country Assessment are low or are declining. Tajikistan’s ranking in the Human Development Index fell from 97th out of 173 coun-

One out of every two people in Tajikistan is under the age of 19 and 50 percent of this group is female. Women and children, therefore, have to be the focus of development efforts – there is no option. Just as a house built on shifting sand cannot stand, a nation that does not invest in its children and women will not progress. Women and children must be seen and heard. This means being fully integrated into civil society so that they become a part of the decision-making process.
A MAN FOR ALL SEASON

There are certain, rare individuals who light up a room when they enter it and immediately engender trust. Sabir Kurbanov is such a person. With his quiet dignity and distinguished countenance, he represents the best that UNICEF has to offer.

Dr. Sabir, as he is known to everyone, is one of UNICEF Tajikistan’s longest serving staff members. With an M.D. and Ph.D in pediatrics, he brings to the UN system a rich and varied background. Educated in Moscow, during the Soviet era, he was a medical professor for 12 years, head of the Research Center in Dushanbe and the Ministry of Health’s chief pediatrician.

Dr. Sabir joined UNICEF at the height of the civil war. He sent his family to the safer northern provinces and stayed behind to help those he committed himself to many years ago as a medical student — the children. In those early days, UNICEF was a small office with only two programme staff, himself and the emergency officer. He did it all. As Assistant Programme Officer he was in charge of health education, water & sanitation, immunization services and the rehabilitation of health centers. Any one of those programs would be a handful for just one, but Dr. Sabir managed them until the office was in a position to take on additional staff. UNICEF Tajikistan was in emergency mode then and conflict restricted movement throughout the country — reaching the children in need was difficult, if not impossible. Dr. Sabir remembers well the problems of those years, especially the obstacles in conducting the diphtheria campaign, such as lack of transport and qualified medical staff. This was Tajikistan’s first big campaign and it was a success. More than one million children were inoculated, reaching 95 percent of the targeted group.

Although he has been promoted a number of times and many of his responsibilities have now been delegated to other staff, Dr. Sabir still finds the time to visit the field and keep in contact with partners and beneficiaries — this is after all, why he chose to leave the Ministry of Health and work with UNICEF. Nine years later, Dr. Sabir is still bringing his brand of medicine and leadership to the country. He values his on-going contributions to the ministry and is building its capacity – either as a protagonist in advocating for maternity hospitals to become “baby friendly” or as a pioneer in reaching as many children as possible, as soon as possible. A “healthy start in life” is more than just a slogan, it is a call to action.

With an average age of 28, UNICEF’s office reflects the country’s youthful face. As a senior leader, Dr. Sabir’s knowledge is a bridge between UNICEF’s past and future. He is a source of experience and wisdom for up and coming staff members and veterans alike.
CRITICAL CONCERNS

Early Childhood Development
It is not uncommon for babies to get a bad start in life before being born. Complications of pregnancy resulting from anaemia, malnutrition and iodine deficiency are frequent. The high rate of home delivery, especially in the rural areas with birth attendants who rarely have the training needed to be able to handle difficult deliveries can be a further hindrance to a child’s first moments. Child rearing practices used in families are not always the best for a child. Many children suffer from infectious diseases and acute respiratory infections, which could lead to death.

Achieving a good start in life is impeded on many fronts in Tajikistan. Infant mortality is very high with an estimated 15,000 dying before reaching their first birthday every year. Many problems stem from deficiencies in micro-nutrition such as iodine and iron. Lack of iodine can mean that a child might not be able to learn as quickly as others, which could hinder chances of success in life and a deficiency in iron leads to anaemia, which is associated with impaired physical and cognitive development in children and increased risk of infectious diseases. Often, deficiencies in nutrition result from parents not being sufficiently well-informed as to a proper diet for their children. In many instances infants are weaned too early or mothers supplement breast milk with food that is of no nutritional benefit, such as tea, sugar water or bread. Paralleling the mortality rate for infants is an equally high maternal mortality rate. Underlying causes are poor socio-economic conditions, lack of access to health facilities, minimal provision of antenatal care, high fertility rates and an overall low health status of women. Post delivery care is meager as attention is given to the health of the newborn and not the mother.

A large number of families do not register their children at birth because of the fees that are charged. The majority of families who do register children do so just before enrolling them in school. This under-registration means that demographic statistics are incomplete and inaccurate. Without good data, authorities cannot analyze trends and make appropriate policy decisions or allocate resources efficiently.

Health
The quality and accessibility of health care have deteriorated sharply in Tajikistan. Expenditures in the health sector have fallen from 4.5 per cent of GDP in 1991 to 1 per cent of GDP in 2002. Public spending on health was only US$ 1.0 per capita in 2001. These low levels are grossly inadequate to operate the current system much less meet critical long-term needs. As the government’s role in health care has declined, the sector has become increasingly dependent on informal private payments and foreign aid to relieve the acute shortages of basic drugs and medical supplies.

Achieving Millennium Development Goal targets for health will be extremely difficult. Improving the standard of health services will require increased financial resources and significant structural reforms to ensure that physical, financial and human assets are allocated efficiently across the sector. Tajikistan’s progress towards the goals will be a function, in large part, of the success of these reforms, especially the reorientation of the health system from hospital-based tertiary care towards preventive and primary health services.

HIV & AIDS
Tajikistan is at the earliest stages of an HIV and AIDS crisis; nevertheless, there is cause for serious concern. Despite gaps in data, available evidence indicates that HIV is spreading rapidly. According to official statistics, the principal means of HIV transmission in Tajikistan is intravenous drug use. Of those individuals known
to have contracted HIV, nearly 75 per cent come from this group. Surveys conducted in Dushanbe by UNAIDS have suggested that the HIV prevalence rate among drug users is approximately 38.5 per 1,000. With around 30,000 users in the country, MOH estimates that more than 4,000 may presently be infected with HIV. The focus on drug-related infections does, however, conceal the equally significant role played by sexual transmission, which is believed to account for a much larger number of undetected HIV infections each year. Surveys indicate that young people are largely unaware of the threat posed by HIV and AIDS, and there are particular concerns about the potential impact of HIV on youth and the future labor force. HIV is a significant threat to fulfilling the rights of women and children. It exacerbates poverty and exhausts family and governmental resources. If allowed to go unchecked, Tajikistan risks losing a whole generation of its best and brightest.

**Education**

The performance and status of the education system has eroded because of shrinking resources, the exodus of teachers from the country, the lack of basic school supplies and the destruction of schools, most notably in those areas where the civil war action was heaviest. Nearly 20 per cent of schools were destroyed and 80 per cent of the remaining schools were in need of major repairs. Enrollment as a whole is declining and the gender difference in school attendance is acute at all levels, but particularly in early adolescence. Family finances are expected to cover what used to be provided by the State, as a consequence, boys are given priority in attending school and girls are forced to stay at home to tend to domestic duties or work in the fields.

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**THE GIFT OF LIFE**

Four-year-old Shukrona is a typical girl for her age, energetic and forever on the go, with mother always keeping a eye out, not knowing what mischief she might get into. But when she was born, there was doubt that she would survive. Shukrona was premature and only 900 grams. Her mother, Asalmoh Nazirova had experienced this pain before. Her first child was born under similar circumstances and died only a few hours after birth. Asalmoh was not hopeful about Shukrona’s chances.

Fortunately for Asalmoh, she delivered in a “baby-friendly” hospital, the first to have earned the status in Tajikistan. The staff there said that her baby would survive and that breastfeeding exclusively would be the way to do it. The staff trained her in the various techniques of feeding an infant so small. Ten days later, the mother and child went home. Asalmoh was confident. The hospital team assured her that it would be there to help and would monitor her case for a year. A year did go by and Shukrona developed normally with no complications. End of the story? No.

Asalmoh has even become an active member of the Mothers’ Support Group. What’s more, she’s become part of the four-person training team that instructs women on the benefits and method of breastfeeding and other early child care practices. During the training sessions, Asalmoh encourages mothers to sing and talk to their child while breastfeeding. She also tells them to mimic a child’s cry or laughter. Why all these?

Aptly named “Care for Development”, the training emphasizes the right of every child to a good start in life and informs mothers that what happens during pregnancy and the earliest months and years of childhood can last a lifetime. It also explains to mothers why holding and touching infants in soothing ways can provide a protective function against the effects of stress that one could experience later in life as one becomes an adult.

The whole concept and practice is still new to the young mothers in Tajikistan. With UNICEF support, the Ministry of Health aims to reach pregnant women and mothers through this training programme.

For her part, Asalmoh would like to carry on being the advocate and spokesperson of breastfeeding and early child care. When asked why she volunteered her time to the Mothers’ Support Group, she responded that she “wanted to bring hope to other mothers.”

“When I was a child, I saw my mother breastfeeding my younger siblings, but I was never aware and neither was my mother of the need for exclusive breastfeeding and extraordinary benefits to it,” Asalmoh added.

Aside from breastfeeding, Asalmoh and other mothers also know the benefits that touching and hugging could bring to a child’s life.
A vibrant and open educational system is the foundation upon which the nation will base its social and economic future. Tajikistan will not be able to lift itself out of poverty or compete internationally, unless its children – all of its children – are assured a safe, clean and creative environment within which they can learn and express themselves.

**Child Protection**
There are four principal elements that UNICEF has honed in on related to children’s vulnerability in Tajikistan. The first is the lack of a nurturing family environment and the resulting placement of over 11,000 children by their parents into institutions; the second is the frequent inability of parents and the society-at-large to positively address the physical, mental and developmental problems of children; the third is the increasing rate of children who are coming into conflict with the law; and the fourth is the increased exposure of children to violence, abuse and exploitation.

For Tajikistan to progress in its compliance with the Convention on Rights of the Child, national and local authorities must embrace the concept of protective family environments, change their notions that institutionalization is acceptable and work towards the establishment, nationwide, of effective social work services. The rights of disabled children should be pursued with greater diligence and in a manner that is no different from any other child. Disabled children need to be brought out of the shadows and into the light of family and community, so that they can participate in society and express themselves as children and later, as adults, with equal force and measure.

**The Status of Women**
Political and economic change to a democratic, free-market society are usually seen in the most positive light, but in Tajikistan, it has resulted in the discontinuation of many state structures and
DIFFERENT PEOPLE ... DIFFERENT MINDS

Is it possible for anything good to come out of the HIV and AIDS epidemic? Every day we hear of the people suffering throughout the world and of the uphill efforts being made by governments to combat the disease. HIV and AIDS is a global scourge, but its tragedy is most heartfelt within families and communities.

Irina and Dema are a young married couple and HIV positive. Both made mistakes that lead to being infected. But they have not abandoned one another and are not consumed with self-pity, although circumstances would permit them to do so. They live in squalid conditions, from hand-to-mouth, in a part of town that has suffered more than most from the post-independence transition. Life is a daily challenge.

Dema contracted the disease from Irina, who contracted it from a lifestyle she has since left behind. That Dema is HIV positive is shocking. He purposefully put himself in danger, despite Irina’s warnings. When asked why, he responded, “Different people, different minds. I wanted to be supportive. If Irina has to fight this thing, we will do it together. How could I know her pain, if I don’t have it?” His sincerity and devotion are inspiring, but his logic is cause for grave concern and evidence that UNICEF has a long way to go in promoting healthy lifestyles.

Dema and Irina have not shared with their neighbours what has happened, fearful of the reaction and possible stigmatization. They seek solace in the company of friends who also are HIV positive. In fact, Dema spoke hopefully of forming an association of HIV positive people. In May, 2004, they participated in a UNICEF and UNAIDS-sponsored consultative meeting with especially vulnerable young people. The meeting was an ice-breaker more than anything else. The stigma attached is so severe that many are reluctant to reveal their thoughts and feelings. It was an excellent way for UNICEF and its counterpart, the HIV/AIDS Prevention Center, to discover potential activists.

Dema and Irina could well be positive role models, if the energy of their words can be translated into concrete actions. Mistakes of the past are not to be forgotten, but it is the love and commitment they have for one another, in the face of HIV, that needs to be shared and built upon.
THE SCHOOL BELLS ARE RINGING...FOR Saida, Bozigajan & Marjana

In Tajikistan, the first of September in every year brings joys to schoolchildren. It marks the beginning of the academic year – a new year of homework, sports, making friends and learning new things. Unfortunately, many girls are left out and will not have the chance to learn and meet new friends.

In Public School Number 43, in the Stakhanor village of Tajikistan’s Bakhtar region, one of the most conservative in the country, the 2004 academic year will be a defining one. For the first time in 10 years, girls are attending secondary classes. Through the entreaties of their male peers and the support of their parents, Marjana, Bozigajan and Saida have broken with custom. They are thrilled.

All three, two of whom are cousins, are bright, strong and ambitious. They do not want to get married at a young age and see themselves going to university, taking up professional skilled work and for Marjana, studying medicine. When asked what will happen when time comes for them to marry, all were unanimous in their response, “I will insist on finishing my education. The future is in my hands.”

Marjana, Bozigajan and Saida are not the only girls eligible for secondary school. Twelve others should also be in class, but their parents have kept them home. Marjana, Bozigajan and Saida, in their innocence, do not see themselves as role models or heroes, but their actions speak otherwise. When they discovered the other girls were not in school, they visited each of the girls’ families in an effort to get the parents to change their minds. The answer was a resounding no. But, this is not the end of the story. The headmaster, his deputy and a committee of teachers will visit the parents and use their powers of persuasion.

Already, the headmaster has asked the local mullah to speak during Friday prayers about the benefits of girls being educated beyond the ninth grade. It is hoped that by the other parents encouraging their daughters to attend secondary school, the pressure will be there for those who are resistant, to acquiesce. Marjana, Bozigajan and Saida certainly hope so, for although are happy to be in school, they admitted they would be more comfortable if their former classmates were with them. It is impossible to say if Marjana, Bozigajan and Saida will realize their dreams, but they have been given the opportunity during the most important stage of their intellectual and emotional development to try.

Providing opportunity is what UNICEF strives for.
benefits, which supported women and children. Universal child allowances were abolished and maternity benefits have been sporadically paid.

With many of the large state-owned enterprises closing, job losses and unemployment have risen and a renewed emphasis is being placed on women’s domestic responsibilities. The advances in equality between men and women, which were achieved during the Soviet period, are now under attack. Violence and threats against women undermine their empowerment and participation in civil society. Brutality against women and girls is in contravention of basic human rights and can have a lasting effect on their psychological and physical well being. Sadly, such violence is often not recognized nor acknowledged, not reported and not addressed.

In the job market, women are more highly concentrated in the lowest paid sectors. According to the government, nearly 30 percent of women are employed in agriculture, with an average monthly wage of US$ 6. Women have not lost as many jobs in the manufacturing sector, but their positions tend to be more poorly paid, accounting for the higher retention rate.

The Future . . .

Despite these alarming socio-economic trends, there is hope. Tajikistan is a country bursting with youth, vitality and great ethnic diversity. It has a variety of exploitable natural resources and steady advances toward stability and development in the country are apparent. Peace has resulted in a more positive attitude and greater economic activity. Civil society is becoming energized and the media is voicing its opinions with increased vigor. The opportunity is ripe to shift efforts towards sustainable development nationwide.

As opposed to other organizations that may specialize in one particular field, UNICEF’s focus on children means that its interventions must be holistic. Health, social policies, human rights, poverty reduction, education, all of these and more must be considered when promoting a nation’s well-being; and, they must be integrated at the national, community and family levels. The following chapters, will, with a broad brush, discuss UNICEF’s programmatic design and introduce some of the partners and beneficiaries who will make it a reality.
A TREE GROWS

The sun may come out tomorrow, but today it is shining brightly on Aziza Jalilova. She is one of many young people helping to make Tajikistan’s future a promising one. Aziza is a member of the Children’s Reference Group, supported by UNICEF-Tajikistan and a part of its country-wide programme to involve youth in decision-making processes. She has been a member of this 40-strong youth group for over a year.

Aziza is a leader. She knows her rights and is proud of it. She teaches others, in her community, in her school - anyone, in fact, who is willing to listen; and, it would be difficult not to listen, her intelligence and innocence are matched with a seriousness, sincerity and maturity that are compelling. And, it is not just rights that Aziza is a proponent of, all children’s issues are within her realm of discussion, HIV prevention, juvenile justice, health, and social issues - she can speak extemporaneously on each and with equal persuasion.

At fifteen years of age, Aziza is already a role model. Two to three times a week she serves as a volunteer in a Dushanbe drop-in center for street kids. There she counsels children her own age and younger. She is passionate about this work and is deeply committed to it. When she speaks of it, her voice changes and her mood becomes somber. Aziza knows, without wanting to articulate it, that these street kids are in a precarious situation. With some help they can become a productive member of society, if ignored, pariahs.

Aziza’s younger sister is also a member of the Children’s Reference Group and her mother is employed by an international NGO as an educator and trainer. A dynamic family of women so needed by Tajik society today. When asked if boys of her age show the propensity of the older male generation to be disdainful of women, she responded to the contrary, “no, they are respectful and eager to learn about their rights.”

What message she would like to tell children outside of Tajikistan? “The same thing I tell them here. Don’t cry, be happy, be responsible and learn your rights.”

Indeed, Tajikistan does have future.
UNICEF’s third programme cycle is bold and innovative. It envisions a great leap forward in the fulfilment of children’s and women’s rights to survival, development, participation and protection. The programme mirrors United Nations and national priorities and focuses on fewer critical issues, thus maximizing available resources.

No single programme period can be expected to do it all. Programmes, projects and activities should be examined for their cumulative effect, which first leads to a halt in the decline of social indicators, their gradual reversal and then steady, assured improvements. It is important, therefore, on this 10th anniversary, to review UNICEF’s experience to date, especially with regard to the current programme.

Background
UNICEF’s activities throughout 2000 to 2004 paralleled Tajikistan’s own initiatives to shift efforts from humanitarian relief to development assistance and were based on five global priorities:

- Integrated early childhood development;
- Girls education;
- Immunization plus;
- HIV prevention; and
- Child protection.

Within these global priorities, UNICEF Tajikistan tailored activities to work toward a reduction in infant and maternal mortality; a reduction in the prevalence of micronutrient deficiencies; improvement in children’s quality learning environment with a corresponding increase in school attendance; the raising of awareness amongst young people of the danger of HIV/AIDS, its means of transmission and healthy lifestyles; and the promotion of a child protection system.

Achievements
Successes over the course of the past five years were considerable, a snap-shot of the most noteworthy would include:

- Tajikistan certified as polio-free;
- Coverage rates of 89% for measles and 82% DPT vaccines;
- Policy changes regarding effective perinatal care;
- Government recognition of the international definition for live births;
• Development of a comprehensive policy, strategy and implementation plan for vitamin A supplements;
• Government acknowledgement that HIV is a threat and the establishment of a youth network, specific to the concerns of HIV and AIDS;
• Recognition by national policymakers of the importance to the country’s future in promoting girls’ education and preventing social exclusion of vulnerable young people;
• Implementation of a holistic approach of child-to-child hygiene, including alternative water supply systems and rural latrine technology — an approach slated by the government for expansion;
• Commitment by national and sub-national authorities to create protective environments for children at both the community and family levels, which will lead to substantive changes in the child welfare system;
• Reform of the child welfare system through the creation of child rights departments providing social work services to vulnerable families; and
• Resource mobilization, which contributed significantly to the implementation of activities in maternal and child health, water, environmental sanitation and education.

Lessons & Conclusions
Progress did not come easy. Development programmes have different dynamics than emergency interventions and over the course of five years, much was learned about working with the government, implementing projects in the communities, enabling partnerships with local and international organizations and strengthening bonds with other UN agencies to avoid duplication and leverage resources. Of the lessons learned and conclusions drawn, six stood out and became integral to the design of the new programme:

• Decentralized decision-making and capacity development of local officials must be promoted;
• Improved data collection is essential to achieve a thorough understanding of women’s and children’s issues;
• Fresh perspectives and new solutions emerge when children and young people are a part of the creative process;
• Parents and communities are eager for information on early child development and care;
• Exposing governmental partners to new approaches gives rise to innovative actions; and

Moving Forward 2005-2009
The creation of the new programme was a complex and comprehensive process. Based on United Nations harmonization principles and the Millennium Development Goals, it is the product of UNICEF’s important contributions and participation in the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF). It supports and complements Tajikistan’s poverty reduction strategy and has received the endorsement of counterparts and the United Nations country team.

Overview
The very heart of the programme is to ensure that the development priorities of the public sector take into account the rights of women and children. Areas slated for attention are based on the rationale that one, UNICEF has certain comparative advantages grounded in national and local experience; and two, there are important matters not being addressed by other agencies. Activities will be directed toward improved policies and strengthened national systems, coordination and standards in key programmes affecting children; increased access, better quality and greater gender equality of basic social services; improved governmental and non-governmental capacities to promote young people’s involvement; and supportive child-care alternatives, which prevent
institutionalization and offer a safer and more protective family environment for children. UNICEF’s contribution to these activities will enable Tajikistan to come that much closer to achieving the Millennium Development Goals.

The earlier sections discussed the “why” of UNICEF involvement; and, in the paragraphs to come we will talk about the “what,” but between the two is the “how.” How will UNICEF meet its goals and how will its efforts be made sustainable? The answer can be found in four, mutually-reinforcing approaches. One, support political commitment for social policy reform that meets national priorities and international conventions; two, narrow the gap between policies and implementation and raise the demand for quality services; three, bring families and communities closer to project planning and implementation; and four, vigorously engage civil society in action for children and women. These interlocking pieces will create a two-way dynamic flow of communication that will raise knowledge at all levels, improve decision-making, enhance services by local authorities and ingrain healthy lifestyle practices in the family.

The new programme is a refinement and consolidation of previous priorities. It is structured around:

- Maternal and Child Care;
- Quality Basic Education for All;
- Young People’s Health and Participation; and
MATERNAL AND CHILD CARE

A healthy start to life begins here. UNICEF will support its partners in examining the underlying causes of high mortality and the poor nutritional status of women and children – in particular, improper family health care knowledge and practices, and the deteriorating management capacities of the primary health care system. Both of these have been observed as leading factors for delays in seeking care and substandard quality of maternal and child health services.

Vision
Expectations are high -- families and other caregivers will have a better understanding and in-depth knowledge of childhood care. Knowledge will be matched with good practices that reflect a linked cause and effect approach. Cooperating families from selected districts will have access to improved quality services that include comprehensive antenatal care and birth attendants who are skilled and professional. Routine immunization coverage will be achieved and maintained in all regions of the country.

Action Plan
An emphasis will be placed, at the community and family levels, on improving proper child-care practices. Efforts will be directed at primary child-caregivers, especially young families; however, outreach will be extended to include community elders, for in Tajik society, they are often turned to for advice and counsel. Attention will be given to the inter-relationship of childhood illnesses, birth registration and good nutrition.

Nationally, primary health care, including immunization services will be deepened with the development and adoption of a minimum primary health care package. There will be complementary capacity-building exercises for local health authorities in planning, implementation and management. Concurrently, at the community level, UNICEF will work with civil society and the media to close the existing gaps in information and to reinforce sensible health practices. UNICEF’s support for a strengthened institutional competence in service delivery will stimulate political commitment in a “rights-based” social reform process.

By boosting national policy development, UNICEF will help to standardize quality maternal and child health services, including the prevention of mother-to-child transmission of HIV. UNICEF will explore with the government the benefits of capacity-building and financial sustainability. This high level of involvement in the development of a national standardized training curricula and the strengthening of primary health care countrywide, will require the
participation of the larger international development community. UNICEF will spearhead the efforts for basic micro-nutritional improvements at the national level that include salt iodization and flour fortification. UNICEF will advocate for the adoption and execution of laws and regulations that mandate these two important processes. Additionally, special efforts will be made to supporting the implementation of the International Breastfeeding Code of Marketing of Breast Milk Substitute and of the WHO live-birth definition which the Government has fully adopted. Partnership with the Ministry of Health is critical to getting these high level policies enacted.

THE ABCs OF GOOD HEALTH

In 2003, Tajikstan spent just under US$2 per capita on health care, which places it amongst the lowest in the world. Sadly, the public budget contributed around 16 percent or just two dollars, whereas the majority of spending came from households and the remainder from external assistance.

Poor nutritional habits are well known contributors to the high infant mortality and morbidity rates in Tajikistan. Iron and iodine deficiencies are associated with impaired mental, physical and cognitive development in children. It is a source of much concern, increasing attention and focused resources by UNICEF and the government.

In 2003, UNICEF participated in a nationwide survey to determine the most important indicators of micronutrient deficiencies. Analysis revealed some disturbing figures. Anemia was observed in 41.2 (2003) percent of the women of child bearing age and 38 percent of the children under 5 years of age and iron deficiency was the major cause for the anemia. Essentially, the iron status was poor throughout the country.
Iodine deficiency disorders remain a major public health problem in Tajikistan. The 2003 National Nutrition Situation Survey reveals that 57 per cent of women and 64 per cent of children suffer from iodine deficiency. The National Program for Elimination of IDD was developed in 1997, but laws were not enacted until 2002 that regulated the production, distribution and consumption of iodized salt in the country. Despite government efforts, there are still gaps. Constraints include poor marketing and monitoring, high price differentiation between iodized and non-iodized salt and low consumer education. New legislation for iodine deficiency elimination has been enacted, but public awareness and advocacy on policy still need deepening through capacity building of salt producers and health workers, school awareness campaigns and community involvement.

These figures are so high and the consequences to pregnant women and growing children so severe that it has required intense programme activities by UNICEF. Efforts have been made in three areas, policy advocacy and development; supplementation and fortification, and social mobilization and community education.

There is nothing extraordinary in the techniques being used, it is simply a matter of persistence, hard work and strong follow-up. Iron supplementation is probably the best available option to effectively address iron deficiency in pregnant women and young children as it can be targeted specifically to these high-risk groups. Technical and practical barriers exist, however. There is limited information on the effectiveness of supplementation interventions, side effects might affect compliance, and supply and distribution constraints may impede delivery. Iron fortification of food is another strategy utilized worldwide to address iron deficiency and most often is implemented by fortifying flour at the mill. Fortification can also include folic acid, which is essential to women during pregnancy.

Universal Salt Iodization has been the best way of addressing Iodine Deficiency Disorders. Tajikistan produces all the salt it needs domestically, so UNICEF has been fortunate in being able to work directly with the major salt manufacturers, but monitoring is tenuous and not all salt sold on the market has been fortified, although the law demands it. Piracy occurs at the sites of salt deposits and makes its way to local markets. Naturally, it will be less expensive than the commercially produced iodized salt and ends up in households.

Where UNICEF has been particularly effective is in lobbying the government for substantive policy changes. Laws have been passed, which provide the impetus for ministries, UNICEF and other partners to be able to conduct information campaigns to bring to communities and families, simple, basic messages that are meant to increase awareness and allow parents to make informed choices.

Where informed choices are concerned, it is always best to start at the beginning and that is with the baby’s first days and months. A significant part of UNICEF’s integrated approach to early childhood development is the promotion of exclusive breastfeeding. In 2004, UNICEF Tajikistan’s participation in the annual International Breastfeeding Week was creative and exciting. It allowed the UNICEF team to express itself in ways not previously explored and led to the adaptation of the “Golden Bow” symbol as a tool to convey the importance of breastfeeding not only in 2004, but in the years to come. The golden bow is the international symbol for breastfeeding. It denotes social change and is a lesson in the protection, promotion and support of breastfeeding. But for UNICEF Tajikistan, it is a reminder of past accomplishments and of future endeavors needed to build upon the progress made.
Achievements have been made by UNICEF in developing “baby friendly” hospitals -- an initiative that is international in scope, but which derives its strength locally. In Tajikistan, maternity hospitals do not have honorific names associated with them, they are referred only by their numerical designation. But, don’t let the lack of stature be your guide. These institutions are getting their acts together by making substantial inroads in seeing to it that getting a good start in life is more than just a slogan. Mothers leave knowing that their babies, only days old, have received the attention and care deserved. The little ones cannot take steps yet, but their mothers do it for them, the first steps that are a part of the long journey to a healthy life and lifestyle.

There are currently 11 baby-friendly hospitals in Tajikistan, with five more slated for certification. There are many more knocking at the door, wanting to submit applications. But, it was not always this way. Only six years ago, there were no such hospitals, which could meet the “baby-friendly” standard. Fathers did not have the opportunity of participating in the delivery; mothers did not have access to classes on breastfeeding or neonatal care; children were routinely separated from their mothers for no medical reason; and, breastfeeding was not a priority, in fact, it was often discouraged if the birth was cesarean or if the baby developed complications. Bottles, pacifiers and sugar water were a regular part of a baby’s first hours, days and months. This has changed.

Being “baby-friendly” means being able to meet international standards and this is where UNICEF excels. It has trained government officials and provided 40-hour seminars for 730 health workers in the concepts, principles and application of baby-friendly techniques, including neonatal care and breastfeeding. The training of trainers does of course, yield even greater benefits as health workers in other hospitals are trained and begin to think anew. For hospitals who file a “Certificate of Intent” to be labeled baby-friendly, they must demonstrate inter alia, that their staff has taken, from a qualified trainer, 18 hours of coursework. It is good to report that these trainers are in demand. Maternity Hospital Number Three was Tajikistan’s first baby-friendly institution in 1998. Today, it is one of 11 and is averaging 5,000 deliveries per year – correction, 5,000 baby-friendly deliveries. These are children who are getting a better start in life than did their parents.

The growth of baby-friendly hospitals is the result of UNICEF’s strong partnership with the government, NGOs and individual hospitals. The baby-friendly movement is building up its own momentum particularly amongst mothers. A baby-friendly hospital ensures that a woman’s right to choose how to feed her baby is preserved. The evidence is there that when women have full information and a supportive environment, the vast majority will choose to breastfeed. UNICEF’s measurement of success is the fact that hospitals are coming to UNICEF and the government, not the other way around. Word has gotten out, it is being listened to and acted on.

Maybe Tajikistan’s hospitals may not have names attached to them, but they have earned the honorific of being “baby-friendly” which is recognized the world over. They do not need anything else.
QUALITY BASIC EDUCATION FOR ALL

The declining demand for girls’ education and the rising tide of those who are dropping out, notably after the fourth grade, are of particular concern. UNICEF will canvas and offer solutions to the impediments and constraints that are contributing to these trends; seek to augment the capacity of the educational system to offer quality education, including better classroom environments, teaching methodologies, content and learning outcomes; and, accelerate progress in education reform.

Vision
National capacity in policy planning and analysis will be deepened with a rights-based orientation. The rate of children attending and completing primary education through grade five will approach 90 percent, with a corresponding reduction in the gender disparity in 15 UNICEF selected districts that are currently below the national average. More than one-third of the number of schools in the selected districts will have improved sustainable water supplies and sanitary facilities. Student populations will have a better understanding of hygiene practices and will incorporate them into their daily lives.

Action Plan
Through community, parent and child participation, improvements will be debated and put into force that lead to efficient and responsible school management in selected schools. Classrooms will not only be learning environments, but nourishing ones as well. Access to potable water and improved hygiene practices will lead to increases in attendance, especially by girls. Building partnerships between local authorities and civil society is deemed critical to the implementation of these community-based initiatives.

Intense advocacy with national decision-makers for participatory approaches that are gender-sensitive, non-exclusionary and child-centered will be pursued. This will spark advances in greater awareness and political commitment for systemic change in support of girl’s quality education. Skills and knowledge amongst policymakers, local authorities and teachers will be enhanced; thus, the allocation of resources and the accountability and responsiveness to children’s needs will be seen in their proper context. Support will be shown for innovative community-driven interventions. Experiences are to be carefully documented, published and used as an advocacy tool for replication by the Ministry of Education.
UNICEF will contribute to the joint effort in developing analytical and monitoring capacities of the Ministry of Education that will allow it to build a national education management information system. Newly adopted rural technologies in school water and sanitation facilities will be expanded.

FORGING LINKS & CREATING OPPORTUNITIES

“A chain is only as strong as its weakest link,” or so goes the adage. If we take that and make it analogous to UNICEF’s efforts in advocating for an integrated approach to child development, then it is easy to see how education is a critical link in each stage of a child’s life. Quality education is, therefore, a necessity in kindergarten, primary, secondary and university levels as each one forms the intellectual chain of a young person’s growth and development.

Education, as with all other child-related priorities, is multi-faceted. UNICEF internationally addresses the problems related to quality of education, training of teachers, quality of facilities and most importantly, access, social exclusion and gender sensitivity – the latter three can be seen as the foundations upon which the others take root. Unfortunately, in Tajikistan, there is not just one area of weakness in the educational system – gaps can be found throughout. Consequently, UNICEF must direct resources and mobilize partners and local communities to ask tough questions, i.e., why do children not go to school and for those who do, how to keep them there?

There are many reasons why children, particularly girls, are dropping out of schools. In some cases, conservative and traditional customs force girls to remain at home; poverty and the inability of families to provide books and uniforms; schools that are in disrepair with little or no clean and sanitary facilities; the poor perception that teachers have of their profession and the reduced value of education that is perceived by families and sometimes the students themselves. Singly and jointly, these factors are resulting in a decline in enrolment, which is far less than what it was under the Soviet régime.

So, what is it that UNICEF is doing to change all of this? Well, let us look at it from two angles, the concrete and the more abstract. UNICEF is helping with the physical plant of schools and in particular, improving clean water and sanitation facilities. In all of UNICEF’s selected schools, wells will be dug and child-friendly pumps put in place that assure the entire student population of fresh, potable water. In each of these schools, separate lavatories will be built for boys and girls and which take into account the special needs of girls as they mature. This is the concrete. Money is quickly and efficiently spent to bring immediate results, but this is not where water and sanitation in schools ends.

To make sure that these improvements become sustainable in school and as a lifestyle, awareness-raising must be introduced. Brightly colored paintings are placed on outside walls to remind children of the importance of water and cleanliness, high school children are taught how to test the quality of water, with simple kits that require no laboratories. These kits which are brought home and students are able to help their families by testing the quality of water being used. Practical knowledge learned in the classroom that has immediate benefits to the community. In the schools, classrooms have been set aside, dedicated to water and sanitation, with exhibits for children in all grades that illustrate what good sanitation is, how the latrines in their school work and how to avoid unhealthy or bad practices. The exhibits are often created by the children themselves, so there is a visual and tactile reinforcement of what is being learned.
Awareness raising is not confined to schools. There is also work with families and communities. UNICEF endeavors to create local partnerships amongst the various community stakeholders such as parents and teachers, local educational authorities and of course, the children. They are always a part of the process and need to be consulted, whether in school or out.

The beauty to this strategy is its simplicity. UNICEF implements projects and encourages projects that are small, innovative, cost-effective and related to creating child-friendly schools and communities. It is continually bringing these ideas into the greater policy formulation process for donors and the government to see as workable models that can be replicated throughout the country.

These simple but effective measures to create a school environment, which will increase enrolment and retention, are not enough. They help, but girls remain, as a whole, excluded. Therefore, complementary, but specific projects must be implemented that focus solely on getting girls in school and keeping them there, and not just up to the legal requirement of grade nine, but all the way through high school and on to university. It is a challenge.

Tajikistan continues to be primarily a patriarchal nation, with girls and women being placed at a lower social status within their families and communities - in spite of gender equality in the country’s legal framework and the gains made in female education and employment levels during the Soviet period. Pre-independence advances appear not to have been sufficiently ingrained into the social fabric; in fact, there has been a return, in many families and communities, to more conservative and traditional values and practices. UNICEF is working with the government to reverse this trend by encouraging girls who have dropped out to return and to improve the overall self-esteem, motivation and success of girls who are in school. An integral part of the process is for girls to
have a better understanding of their right to education, which in turn will create the demand to be educated.

This is complex and not easily achieved. It requires an understanding of girls’ needs, interests and aspirations. It means mobilizing support of community and religious leaders and women in the community to stimulate community-level advocacy for girls education. It requires a learning environment that is more attractive for girls and their families by associating it with practical life-skills valued by the community. Commitment must be fostered on the part of parents and grandparents to be supportive and to recognize that their daughters and granddaughters are entitled to life choices.

For such an ambitious programme to succeed, a number of activities must be implemented. The community must be empowered to monitor and identify those girls who are not attending, determine the causes and perhaps take steps in the form of social support that will enable them to enroll or return. School officials and community leaders need to promote non-formal life skills-based courses. Participation in these courses will prevent girls from being isolated in a domestic setting and re-kindle their interest in the school environment. Courses must be developed for parents and grandparents on how to improve the quality of the home learning milieu and provide positive encouragement for their girls. Lastly, UNICEF must further build capacities at the national level to carry out important policy-level analysis and advocacy work. This is essential to ensure that local level interventions are replicated, that adequate resources are allocated and that policies are made with girls’ education in mind.

When programmes and projects are designed, all kinds of indicators are required to be able to measure success or the lack thereof. This is how we know where we are going or if another path must be taken. But, sometimes an event takes place, spontaneously, outside the framework of a project that signals an achievement and becomes a defining moment. It does not matter how localized that success is. Once it happens, it will expand like the ripples of water in a pond. Such was the case when three teenage girls took up their places in the 10th grade in Bokhtar District School Number 43, discussed earlier in this booklet. For the first time in a decade, girls were in attendance in a secondary-level class – in an extremely conservative community.

What is important is that UNICEF had no direct involvement with those girls or their parents. The motivation to get the girls back in school came from within; and, the actions taken by the boys in the class were an indication that the status quo was not acceptable to them. The children were the movers and shakers. The boys spoke with each of their female classmates and their parents. And for three of them, the parents recognized that yes, it was the right thing to do. Other families will be encouraged to let their daughters attend, even though resistance is high. No is not being taken for an answer. What a wonderful day it will be when they graduate together!
YOUNG PEOPLE’S HEALTH & PARTICIPATION

Young people are often a forgotten segment of society and when one remembers that over 50% of the population is under the age of 19, the consequences are staggering. Too young to be adults and too old to be children – they seem to fall into a black hole. The third mainstay of UNICEF’s programme will overcome this barrier by working with families, service providers and decision makers who may have stereotypical notions about young people, who do not fully understand their concerns or do not appreciate the potential and substantial contribution they have to offer to their communities. Opportunities will be created for young people to participate in civil society and enable them to make intelligent decisions affecting their lives. Hand-in-hand with participation is the need to increase knowledge on healthy lifestyle practices and caution young people of the consequences associated with drug use, HIV and AIDS.

Vision
UNICEF will set the stage for children and young people to genuinely affect decisions at all levels and to be able to openly and freely express their views on matters directly concerning their well-being. In selected districts, 90 percent of young people attending school will have a well-rounded understanding and knowledge of HIV, AIDS, STIs and drug use. They will be mentored in the practical skills required to protect themselves from these social menaces; and, in those same districts, 40 percent of the young people will have access to quality, “youth-friendly” services, which will provide special attention to the most vulnerable.

Action Plan
Mitigating disease and drug use requires resolute and straightforward tactics. Collaboration with the government, the media and local NGO networks, particularly young people’s NGOs is central to any success. Efforts must be concentrated on promoting child rights and young people’s participation. Spirited advocacy and extensive communication will be channeled against discrimination and the stigma associated with HIV and AIDS. A national communication strategic plan will be employed, complemented by activities related to healthy lifestyles. Education that stresses practical life skills will be integrated into both the conventional and casual educational milieux. To foster positive behavioral change, access to information and knowledge on HIV, AIDS and STIs will be greatly expanded. It will be through youth friendly-services that safe behavior will be encouraged.

UNICEF will assist the government in developing a framework and curricula on health education that is centered around acquiring life skills. This in turn will strengthen the national model and incorporate into it the necessity for youth-friendly services. Special
attention is to be given to HIV and AIDS. Additional efforts will be made by UNICEF, along with other international partners, to improve policies for young people at the very highest levels.

By lobbying for policy change, UNICEF hopes to reach the greatest number of youth possible and in particular, those considered most vulnerable. HIV and AIDS may be the most critical health problem today, but stigma and discrimination against youth are not restricted to this epidemic. There are many health issues affecting young people in which the national consciousness needs to be raised. HIV and its predominance in international circles can be used to break the ice, allowing other, formerly taboo subjects to be brought into the light and discussed in a manner that is thoughtful, sensitive and hopeful. There should be no reason for anyone, especially youth, to suffer in silence or to be afraid of seeking help.

**A CLARION CALL FOR ACTION**

“...every man’s death diminishes me, for I am a part of mankind; and therefore, never send to know for whom the bells, it tolls for thee.”

Those deceptively simple, but haunting words written by the English poet, John Donne, in the 17th century, have taken on a new significance today as the world is struggling to battle the HIV and AIDS epidemic. As sobering as the statistics are globally of people being infected and dying, it is in our communities and homes that the horror of the disease becomes acutely painful. Who among us has not been touched by the loss of a friend, colleague or family member?

One of those bells has recently tolled for a beautiful young girl named Vica. She contracted HIV from an infected needle as a result of recreational drug use becoming an all consuming addiction. In her attempt to escape poverty and an unsettling family life, she succumbed to the seduction that drugs were a way of making the world better. Her mother’s entreaties to get help were dismissed.

In time, Vica lost her job, but was fortunate in finding a new position at a “trust point” operated by the region’s AIDS prevention center. There her duties were to work with intravenous drug users and ensure that they were offered access to prevention measures, including needle exchange, condoms and informational materials. As she became more experienced in her work, Vica realized the danger she had put herself in by sharing needles. She had her blood tested. Like thunder on a sunny day, Vica was stunned to learn she was HIV positive. At 20 years of age, she saw her life melt away. The usual feelings at such news lead to thoughts of suicide, but she found the strength to put this aside, along with her dependence on drugs and alcohol. Her work at the AIDS center now took on greater meaning.

In July 2004, Vica was a part of the UNICEF delegation to the XV International AIDS Conference held in Thailand. There she amazed the other delegates by offering herself as an example of what happens when youth and drugs meet. Her testimony to living a healthy lifestyle and the importance of avoiding drugs became a part of the conference’s final report.

Vica’s life is a testament to the fact that Tajikistan must come to terms with HIV and AIDS. Yes, the prevalence rate appears to be low, but with a small population of only 6.2 million, of whom 70 percent are under 30 years of age, the consequences of not acting with immediacy are evident.

The country is on the verge of a full-blown epidemic with the spread of the disease being dominated by injecting drug users aged 16 to
35. But, the current HIV situation is vague, with only 317 cases of HIV infection being officially recorded as of August 2004, that is two times higher than in 2003. This statistic does not reflect the real picture because of an inadequate surveillance system and the absence of effective, consistent and confidential testing. Taking into account the number of drug users, commercial sex workers, street children, prisoners and seasonal workers who migrate to and from countries with high rates of infection, UNAIDS estimates a more accurate number of HIV cases in Tajikistan to be at least 20 times higher. Routine antibody blood testing amongst commercial sex workers in 2001 revealed a prevalence rate of 11.1 per 1,000. It is very likely that each HIV positive sex worker is infecting at least 10 clients annually.

Although HIV is knocking loudly at the door, unlike many other nations, Tajikistan is in the fortunate position of being able to concentrate resources on prevention, as opposed to the overwhelming burden associated with care and treatment. Accordingly, the need for UNICEF and the UN system in the country to contribute optimally to effective HIV and AIDS responses has never been greater.

UNICEF’s focus is of course, on children and young people. Poverty, high unemployment and drug use all undermine a young’s person’s ability to make informed decisions, which lead to carelessness and an escape mentality. For example, a survey conducted by UNICEF in 2003 showed 87.5 percent of especially vulnerable young people shared needles, were sexually promiscuous and only 17 percent of the time protected themselves by using condoms. How to reach these people and prevent Vica’s story from repeating itself?

The answer is with the young people themselves. Children and young people have few opportunities to express their opinions in civil society and limited access to information.
Participation is further inhibited by a general lack of awareness and understanding of healthy lifestyles, reproductive health, sexually transmitted infections, HIV and drug use. Nothing has been institutionalized, which would enable them to cope with the rapidly changing social environment.

The UNICEF Young People and HIV/AIDS Project is designed to hammer away at these shortcomings. It covers a broad spectrum of activities that foster development of national and multi-sectoral approaches to curb harmful lifestyles. It involves young people at all age levels. The program supports youth participation activities, thus enabling young people to contribute to the decision making process.

Reaching youth will be accomplished only when services can be provided in a manner that are culturally sensitive, accessible, sustainable and sympathetic. This includes access to quality health services, peer education, life skills training and opportunities for active involvement.

Youth Friendly Health Services integrate all these components and represent a universal approach to young people, based on the principles of the Convention on Rights of the Child. It is an effective strategy because it involves full participation of young people; encourages discourse amongst youth; is easily integrated into other services and sectors; adults are trained in youth-friendly approaches, counseling and communication; privacy and confidentiality are maintained; and lastly, high quality health care is available.

No one knows why Vica relapsed into despair. We can only hope that her passing was not vain and the words she spoke so passionately and personally in Bangkok will resonate loudly, “Live a healthy life. Drugs are AIDS and death!”
Many children are deprived of a loving and nurturing family environment, whilst others with disabilities reside in communities lacking adequate health care and educational facilities. Policy makers, service providers and community leaders are neither unaware nor unconcerned, but lack the wherewithal to properly address these issues.

For envisaged institutional alternatives to succeed, be it at the sub-national or community levels, budgetary reallocations, inter-ministerial coordination and decentralization will be needed to be accomplished.

Vision
Decentralized support for child protection will be mainstreamed into national decision making, which will, in turn, lead to effective support systems being created by local authorities that prevent institutionalization and promote the unity of the family and create a protective environment for children.

Action Plan
Social policy reform is essential for any child protection scheme to be effective or sustainable. This will involve working toward a protective environment for vulnerable children that is supported by community-level social structures. These structures will need to undergo capacity building that includes enhancing care-giver and social work skills. The community-based mechanisms put into place will be supported and reinforced by national level policy reforms.

In selected regions and municipalities, a model for transforming residential institutions into community-based social work or daycare centers will be designed. Community initiatives will be encouraged, together with civil society and the media, to promote the social integration of children. Girls are particularly vulnerable to exclusion and will be given special attention. The concerns of child labor and children with disabilities will be investigated and conclusions drawn for follow-up by the National Commission on Child Protection and relevant ministries.
UNICEF’s experience and reputation will be brought to bear to support the establishment of norms and guidelines for social work improvements. Efforts will be broadened to encompass a greater percentage of children and women in need of social protection measures. But these measures, when put into place, will not be effective unless they are complemented by increased support to civil society, including those local NGOs dedicated to child rights.

Summary
The Chinese say that “A journey of a thousand miles begins with a single step.” UNICEF began its journey with the Tajik people 10 years ago and many positive steps have been taken to make it healthier and more prosperous. The programme outlined will not be just another step, but a long stride ahead. Innovative projects to reach children and their families have been integrated into a framework constructed of basic, well understood and universal principles. National leadership, international partnership and community involvement will be the driving factors in its success.

ALTERING ATTITUDES TO PRESERVE FAMILIES

The changes that have been wrought in Tajikistan since the fall of the Soviet system go far beyond the transition to a democratic government and free-market economy. There is the more complex transformation of ingrained attitudes regarding how children should be perceived and cared for.

One of the social resources for struggling families during the Soviet era was the state institution, where children could be placed should the need arise. In Tajikistan, institutions are still looked to by families as an acceptable way of relieving the child care burden. Extreme poverty, stigma should the child be disabled, abandonment as a result of parents migrating to Russia for employment are just a few of the causes that lead to a loss of the family environment and the love and affection that comes from being with one’s parents and siblings.

One such institution, more properly referred to as a boarding school, is located in the Gafurov district of northern Tajikistan. It is named after the Tajik hero, Urunkhujaev. As opposed to the many others, this boarding school is well maintained and has resources to provide the basics – but, it is still an institution. The bedrooms are dormitories and the dining facilities large halls accommodating hundreds of children in a single sitting. Efforts are made to give it a homely feel by putting colorful plastic flowers in the windows, but with no pictures on the walls or any means of personalizing the rooms, it is hard to see it as anything but sterile and conformist.

Living in this institution is Amir - a sensitive young boy, with sparkling eyes and on the cusp of adolescence. He is a long time resident and copes with the added hardship of being an amputee. Neither he nor the institutional authorities know his actual age or how he lost his hand. Neither do they know his true family name. He appears to have come from a divorced household. His father’s whereabouts are unknown and his mother is reported to have died in Moscow. Amir has memories of living with relatives, including a grandmother, until he was placed in Urunkhujaev. But is this fantasy on the part of a lonely child or genuine recollections? Authorities have not been able to trace any relatives. The chances are that if relatives could be found, they would assume the posture that it is better for Amir to remain in the boarding school because he has access to education, food, friends and supervision by teachers and caretakers.

Amir has no possessions, except for the clothes on his back – a pair of shorts, a tee shirt and a well-worn pair of old Soviet-style shoes. Until recently, he did not even have a birth certificate – a common
circumstance in the country for those who cannot afford to register their children or who are illiterate and do not comprehend the importance of it. Without that certificate, Amir’s adult life would be severely restricted. Now he can travel freely within Tajikistan and take advantage of any existing or future social benefits.

Amir’s story is full of pathos, but it is not unique. The collapse of the social safety net and years of civil strife in Tajikistan have led to an increase in the number of children deprived of family care. Children being placed in social institutions have increased 32 percent in the past five years. In 2004, there were 92 boarding schools, with more than 11,000 children enrolled. According to the National Commission on Child Rights, more than 85 percent of children under state care have living biological parents.

Poverty is the single greatest cause for children being locked in institutions, which have been the only option available to families desperate enough to consider giving up their children. No alternative care programmes exist to protect a child’s right to grow up in a family environment. Institutionalization has been recognized by the government as a problem, but with ever increasing numbers of children being enrolled, authorities are caught between the need to implement change and the daunting task of trying to maintain the existing structure. The status quo is costly, not sustainable and not beneficial.

UNICEF’s focus is on reform. It is gently, but firmly steering authorities and communities away from an institutional mentality to one that encourages and preserves protective family environments. This will be accomplished through national policy initiatives, which will help to bring Tajikistan more in line with the Convention on Rights of the Child and community-based programmes designed to promote social work services. UNICEF is currently supporting the government on the development of the National Policy and Programme on Community-based Non-institutional Services for Children Deprived of Family Care. Within the framework of the proposed programme is the establishment of a de-institutionalisation model. The Urunkhujav boarding school, where Amir is currently living, has been selected as a pilot site for the beginning stages of the de-institutionalization process and Gafurov district will be a pilot for the provision of social work services to the communities surrounding the boarding school.

Implementation will include courses in family assessment, counselling and social services. Presently, 12 Urunkhujav boarding school staff have been trained on these subjects as Social Workers. To militate against any future institutionalization, promote the rights of the child and ensure quality monitoring of the social services being provided to families and institutional staff, a new local government agency, named the Child Rights Department, has been created in Gafurov district. With the provision of social services comes the equally important and complementary process of redirecting local resources away from sustaining institutions to providing support services for family welfare, vocational training, employment counselling and school transport.

It is hoped that some day Amir’s father or other relatives will come forward and reunite with this resilient young man. If they do, for the first time, counselling will be available to help them understand the importance of keeping the family unit intact. “I would be happy to see my brother and my father and hope that my teachers and social workers will help me to return to my home.” Amir also wants to contribute and says, “Even if my father is not capable of finding a job, I will join him in Russia and assist him in surviving.”

It cannot be said with any certainty that Amir’s dream will come true, but through UNICEF support, other children like him will be
in a better position to be returned to their families or more importantly, will never have to be separated from them. The government is now on a more progressive path. Archaic attitudes are being changed and practical efforts are being made to lend emotional and social support to vulnerable families, single parent and female-headed households.
None of the Central Asian countries have endured the pain and sorrow that befell Tajikistan. Independence gave birth to civil war and ultimately deterioration in standards of living and human development. It is for this reason that UNICEF came to Tajikistan - to join other agencies in attempting to change the harsh realities experienced by women and children in this country.

In 1995, UNICEF established its first Country Programme of Cooperation with the Government of Tajikistan. Five years of work was not enough to change these harsh realities in the country. The year 2000 saw the beginning of the second Country Programme.

Perhaps it is time to look at what we have achieved and the challenges that we need to confront to keep our commitment to the women and children of Tajikistan.

This publication highlights the achievements that we have made during the past ten years of our presence in Tajikistan. It underscores the efforts made by individual children and young people, and many others who are doing their best to make Tajikistan a healthy and protective place for children to live. It also spotlights the challenges that could threaten the lives of women and children if the Government of Tajikistan, UNICEF and other agencies do not act now. Maternal, infant and under-five mortality rates are still too high, equal opportunity for girls and boys in education remains an issue; HIV and AIDS is a long-term struggle and child's right to protection and a life within a loving and secure family environment must be vigorously pursued from all sides.

I have been particularly inspired by the energy and determination of children and young people who have recently become one of the most active and articulate partners of UNICEF. I see only hope and a bright future for Tajikistan when I see how they are very much involved in what UNICEF does and in speaking out on behalf of the children and young people in the country.

Tajikistan's vast mountain ranges have been the oft-used metaphor for the difficulties in life in this country. UNICEF will not be overwhelmed by the vastness of these mountain ranges; it will continue to pursue each step and leap to secure the right for each and every child to survival, protection, participation and development.