



# Progress toward the Millennium Development Goals

Tajikistan 2003



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## ACRONYMS

<b>ADB</b>	Asian Development Bank
<b>AKF</b>	Aga Khan Foundation
<b>CADA</b>	Central Asian Development Agency
<b>CAS</b>	Country Assistance Strategy (World Bank)
<b>CIS</b>	Commonwealth of Independent States
<b>DOTS</b>	Directly Observed Therapy Strategy
<b>DRD</b>	Direct Rule Districts
<b>EBRD</b>	European Bank for Reconstruction and Development
<b>FAO</b>	United Nations Food and Agriculture Organisation
<b>GBAO</b>	Gorno-Badakhshan Autonomous Oblast
<b>GDP</b>	Gross Domestic Product
<b>GDI</b>	Gender-related Development Index
<b>GIS</b>	Geographic Information Systems
<b>HIV-AIDS</b>	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
<b>HDI</b>	Human Development Index
<b>IDU</b>	Injecting Drug Users
<b>ILO</b>	International Labour Organisation
<b>IMF</b>	International Monetary Fund
<b>IOM</b>	International Organisation for Migration
<b>KHO</b>	Khatlon Oblast
<b>LBD</b>	Live-Birth Definition
<b>MDG</b>	Millennium Development Goal(s)
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MLSP</b>	Ministry of Labour & Social Protection
<b>MOE</b>	Ministry of Education
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MOJ</b>	Ministry of Justice
<b>MTCT</b>	Mother-to-Child Transmission (of HIV)
<b>NESDP</b>	National Education Sector Development Plan
<b>NSIFT</b>	National Social Investment Fund of Tajikistan
<b>ODA</b>	Official Development Assistance
<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>OSI</b>	Open Society Institute
<b>PPP</b>	Purchasing Power Parity
<b>PRSP</b>	Poverty Reduction Strategy Paper
<b>RT</b>	Republic of Tajikistan
<b>STI</b>	Sexually Transmitted Infection(s)
<b>TACIS</b>	Technical Assistance to the CIS (EU)
<b>TASIF</b>	Tajik Social Investment Fund (now NSIFT)
<b>TJS</b>	Tajik Somoni (national currency; 100 dirams equal 1 somoni)
<b>TLSS</b>	Tajikistan Living Standard Survey
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organisation
<b>UNFPA</b>	United Nations Population Fund
<b>UNHABITAT</b>	United Nations Human Settlements Programme
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WB</b>	World Bank
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organisation

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## **FOREWORD**

«The global economy has expanded five-fold over the past fifty years, but this has not improved the quality of life of the majority of the world's population. At the outset of the new millennium, a quarter of the world's population is living in extreme poverty. Poverty is the root cause for a complex set of problems ranging from child and maternal mortality, to high drop-out rates in primary and secondary education, deteriorating standards in education as well as gender inequality. It is known that extreme poverty, hunger and illiteracy fuel social and economic conflicts, impede sustainable development and can become sources of hatred and unrest.

I see no higher goal for humankind at our present stage of the evolution of civilisation than poverty reduction, ensuring access to education, health services as well as other achievements and services of modern society through economic development.

Narrowing the gap between rich and poor countries will not only create the necessary environment for sustainable development, the eradication of poverty and some of the other most pressing concerns of our day, but will also strengthen international peace and security.

Tajikistan shares the widespread opinion that the cancellation of debt would be an important stimulus for sustainable peace-building in countries which have suffered from conflicts and natural or man-made disasters. The burden of external debt limits the opportunities for economic development, creates a vicious cycle of conflict and leads to a polarisation in society. We are convinced that debt forgiveness could free substantial internal resources, which could be channelled to the education and health sectors, as well as measures to mitigate the consequences of conflicts and natural disasters.

We support the efforts of the international community dedicated to preventing pollution and conserving natural resources for future generations. These efforts are more important today than they have ever been before. The impact of industrial pollution on nature bears the threat of irreversible consequences for humankind.

If over the coming decade we could jointly ensure access to clean drinking water for all people of the planet, we would save every second inhabitant of our planet from infectious diseases. Is this not a gratifying goal toward which the capacities and means of the international community should be directed?

We are raising these issues at the international level because they can be resolved only with the help of the world community.

It is our joint task to preserve our planet for future generations. Our shared concern for the stability and security of a more benign world in the twenty-first century is a good reason for joint efforts to ensure economic development and democracy in all countries, and the happiness and welfare of all nations.»

*Emomali Rahmonov*  
*President of the Republic of Tajikistan*

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## *Ladies and Gentlemen!*

Tajikistan was among the 191 countries that joined the Millennium Declaration in the year 2000. The directions for further actions of the world community reflected in the Millennium Declaration correspond to the national priorities and tasks at hand in Tajikistan.

A dramatic phase in the recent history of newly independent Tajikistan came to a close with the signing of the General Agreement on the Establishment of Peace and National Accord. The most important achievement was that we were able to preserve the unity of the Tajik nation and the territorial integrity of Tajikistan.

Tajikistan entered the new millennium with the confidence of being recognised as a member of the world community in its own right.

Tajikistan's policies in the new millennium are centred around consistent political, economic and social reforms.

However, despite all measures taken to improve the socio-economic situation, our country entered the new millennium with a number of unresolved problems related to poverty reduction.

This report is a joint document of the Government of Tajikistan and the United Nations and it aims to present an accurate picture of past achievements and the challenges we still face and need to resolve with the joint efforts of all stakeholders.

I avail myself of the opportunity to express my gratitude to the United Nations for their continued support to the Government of Tajikistan's poverty reduction efforts and for the close cooperation in the implementation of joint programmes.

I hope that our joint report will serve as an additional impetus for further fruitful cooperation in the framework of our already established partnership.

*Akil Akilov*  
*Prime Minister of the Republic of Tajikistan*

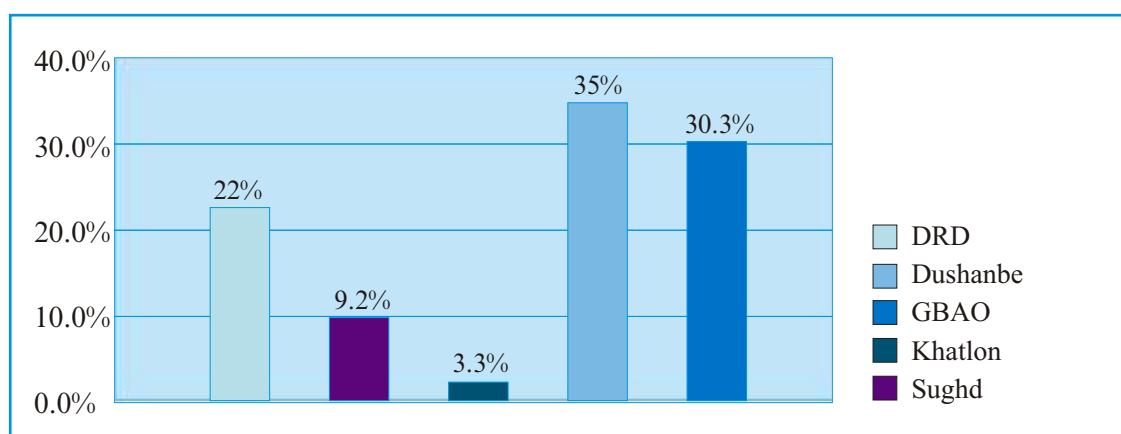
# INTRODUCTION

Tajikistan is a landlocked Central Asian country with an area of 143,000 km<sup>2</sup>. Almost 93% of its territory is mountainous, leaving only 7% for lowland agriculture. The mountains considerably complicate internal transport and communication. At the same time, however, they endow the country with a rich hydropower potential as well as coal, gold, silver, tungsten, uranium and other resources. Significant water resources allow intensive agriculture and the cultivation of cotton, which is one of the country's main crops.



The population of Tajikistan is approximately 6.4 million (2002), of whom some 1.7 million live in cities, which means that 73% of the population live in rural areas.

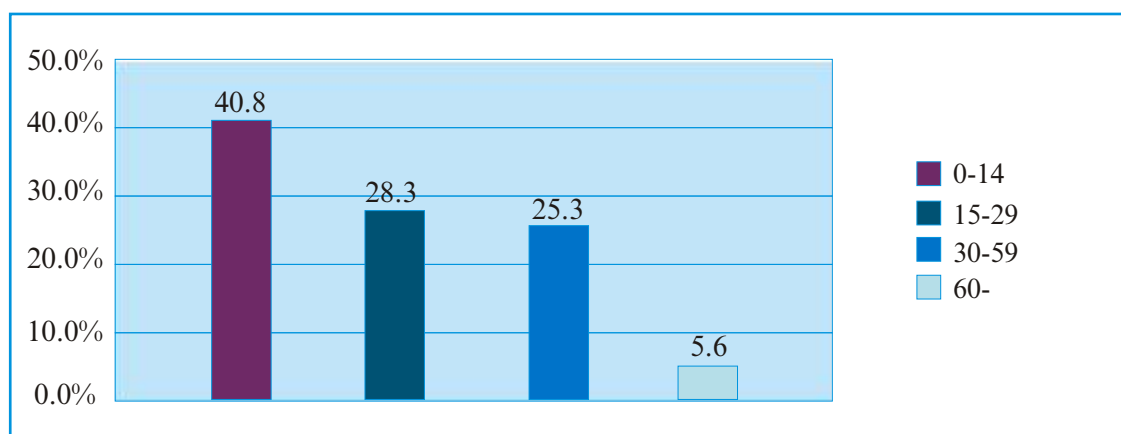
**Figure 1. Population by Region (in %, 2002)**



Source: State Statistical Committee

Almost half the population are women, of whom 49.3% are of childbearing age and 9.5% are older. Of the overall population, 52.6% are younger than 19. According to the State Statistical Committee, the population growth rate is 1.8% in cities and 2% in rural areas.

**Figure 2. Population by Age Group (in %, 2001)**



Source: State Statistical Committee



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The Republic of Tajikistan was established as an independent state after the dissolution of the Soviet Union in 1991. The transition has been long and difficult for Tajikistan. With the collapse of the Soviet system, trade relations with the other former Soviet republics disintegrated and financial transfers from Moscow ended. Tajikistan's economy suddenly had to face international competition, at a time when it was difficult to find markets for Tajik products. The civil war exacerbated the situation. The economy crumbled and between 1991 and 1997, GDP contracted by almost 70%. Consequently, the trade deficit rose sharply; the country's scarce hard currency reserves were soon used up and in 1994, Tajikistan became insolvent at a time when its external debt exceeded USD 150 million.

In 1995, a series of reform programmes were initiated. Following the signing of the Peace Accords in 1997, these reforms began to show results.

Structural reforms and increasing political stability have made some progress in macroeconomic and financial stability possible. Starting in 1997, the first signs of a recovery were recorded, with official statistics showing GDP growth of 1.7% in 1997, which accelerated to 10.2% in 2002. Nonetheless, at the end of 2002, GDP still only stood at 61% of its 1991 level.

Reforms and progress toward a functioning market economy notwithstanding, the country still faces substantial challenges. The country's isolation and distance from major international trade routes seriously hinders Tajikistan's economic development. Recurrent natural disasters (drought, floods, landslides and mudslides) further compound the country's economic problems.

With a per capita GDP of USD 180, Tajikistan remains one of the poorest countries in the world. Among the 173 countries in the 2002 Human Development Index it ranks 112<sup>th</sup>.

Even before the collapse, Tajikistan was one of the poorest republics of the Soviet Union. The economic crisis of the 1990s and the civil war further exacerbated poverty. The high level of external debt has meant that in 2002 some 47% of government revenues were consumed by debt servicing. This has complicated economic management and has also hampered the government's efforts to fight poverty.



According to the World Bank,<sup>1</sup> 83% of the population lives below the poverty line. Most of the national wealth and personal property which had been built up before 1991 was destroyed in the civil war. The conflict claimed 50,000 lives and caused some USD 7 billion in damage. Seeking security and better economic opportunities, several hundred thousand people left the country. They have left behind considerable gaps in the economy and administration, especially since at least 40% of them were qualified professionals.

Along with rising social and economic disparities, marked inequality has also emerged in the population's health; the poor no longer have access to adequate basic health care. Health indicators are rapidly deteriorating: respiratory and gastroenterological diseases are on the rise, old epidemics (such as diphtheria, malaria and tuberculosis) and new ones like HIV/AIDS threaten to spread. The child and maternal mortality rates are high, exceeding the levels in many neighbouring countries. The main cause of the difficulties in the health care system is the large reduction of public expenditure on health to just USD 1.5 per capita. Severe expenditure cuts in education have also had a strong negative impact on enrolment and the quality of as well as access to education.

Gender inequality has also worsened. Compared to Soviet times, women have become much more vulnerable, not least since it has become far harder for them to find employment and because their wages are lower.

While the number of people in need of assistance has been growing, the state has become less able to finance a social security system. At present, the Government does not have the means to effectively support the poorest parts of the population. Unemployment and other social security benefits have shrunk to symbolic levels.

The deterioration of environmental conditions and the inappropriate use of environmental resources have hampered sustainable economic growth and impeded poverty alleviation.

Even though the economy has recently been gathering momentum and is forecast to continue growing, Tajikistan faces serious challenges in trying to achieve the Millennium Development Goals.

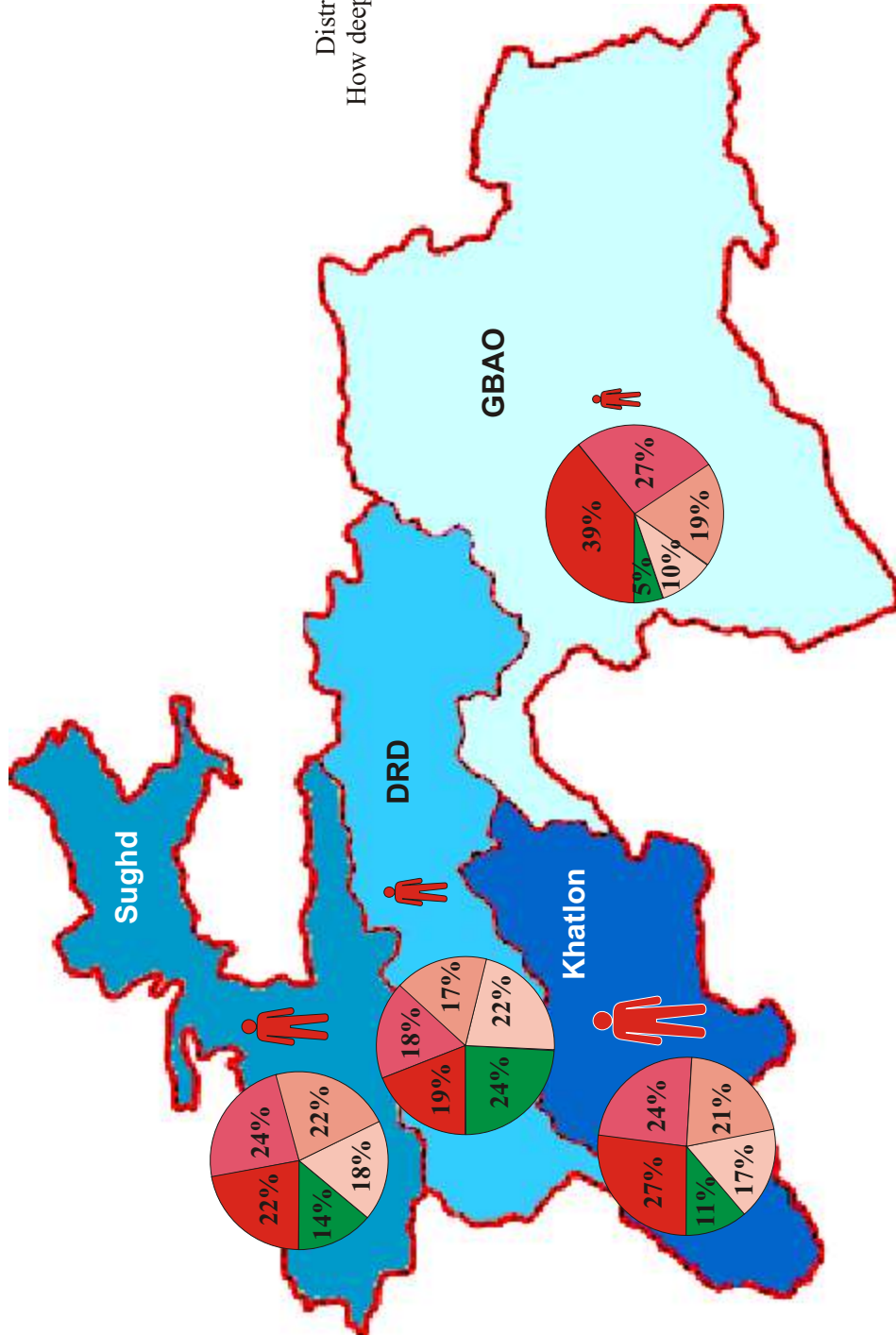
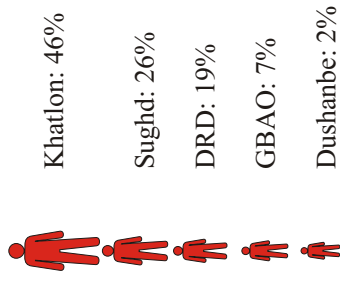


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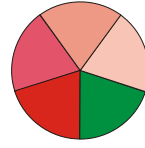
<sup>1</sup>Tajikistan Living Standard Survey 1999 and Poverty Assessment 2000.

# Distribution and Depth of Poverty in Tajikistan, 1999

Countrywide Distribution of the Poorest 20%.  
Where do the poorest live?



Distribution of Poverty within each Region.  
How deep and widespread is poverty in each region?



■ Poorest 20%  
■ richer than 20%  
■ richer than 40%  
■ richer than 60%  
■ richer than 80% of Tajikistan's population

Population Distribution

■ Tajikistan: 6.4 million  
■ Khatlon: 2.2 mn (35%)  
■ Sughd: 1.9 mn (30%)  
■ DRD: 1.4 mn (22%)  
■ Dushanbe 0.6 mn (10%)  
■ GBAO: 0.2 mn (3%)

# MDG 1

## ERADICATE EXTREME POVERTY AND HUNGER



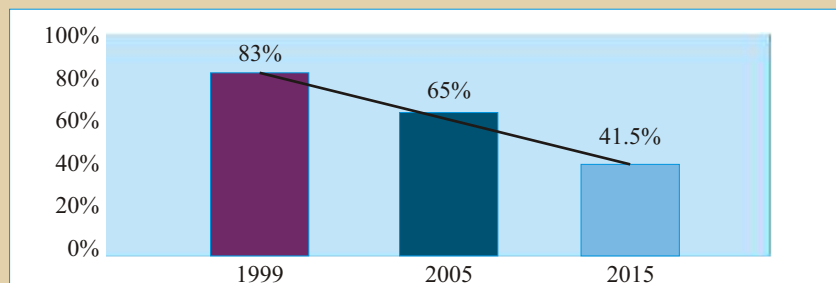
*“We live in a world which like never before in the history of humankind is divided into rich and poor.”*

*Kofi Annan  
UN Secretary General*

## TARGET 1

**HALVE, BY 2015, THE PROPORTION OF PEOPLE LIVING IN POVERTY**

### *Can Tajikistan achieve Target 1 by 2015?*



Tajikistan has recorded steady economic growth over the past five years; if annual GDP growth remains at 5%, the World Bank predicts that the percentage of people living below the national poverty line could drop from 83% in 1999 to 65% in 2005, assuming an unchanged income distribution. Continued progress could allow Tajikistan *potentially* to halve income poverty by 2015.

## Poverty in Tajikistan

A person is considered poor if her income does not allow her to satisfy her basic needs. This minimum subsistence level forms the basis of the national poverty line.

Poverty in Tajikistan is clearly multi-dimensional and consequently several indicators are used to measure and describe its depth, distribution and evolution. According to the Tajikistan Living Standard Survey (1999), 83% of the population lived below the national poverty line of 20,000 Tajik roubles per month<sup>2</sup> defined by the State Statistical Committee.

Regardless of which indicator one looks at, it is apparent that the level of material poverty in Tajikistan is extremely high. As highlighted in the box below, four out of five inhabitants are classified as “poor” and one third of the population is “very poor”.

### Poverty indicators in Tajikistan (1999)

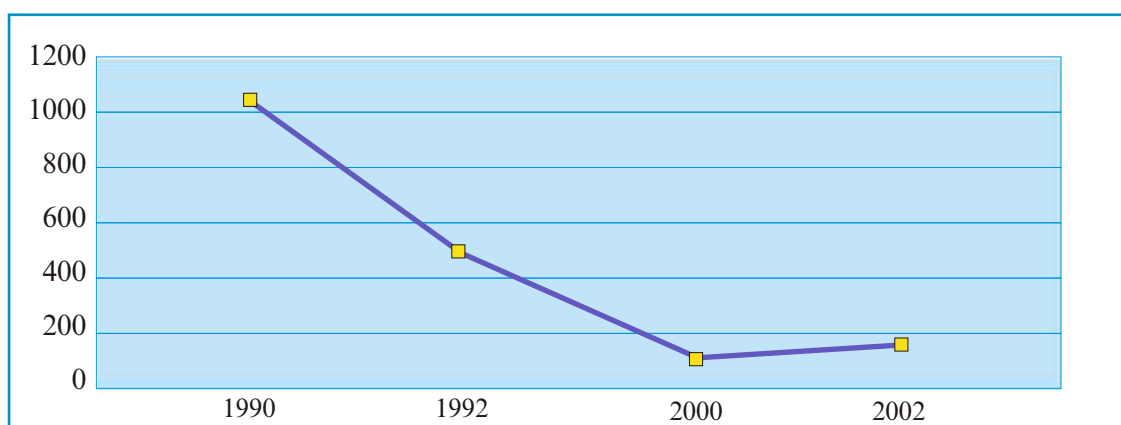
- (a) **Poor:** Percentage of the population living below the State Statistical Committee's poverty line (20,000 Tajik roubles per month) **83%**
- (b) **Very poor:** Percentage of the population living below the 50% of the State Statistical Committee's poverty line (10,000 Tajik roubles per month) **33%**
- (c) **Extremely poor:** Percentage of the population living below USD 1 per day (in PPP terms, defined by the World Bank) **17%**

Source: World Bank, *Poverty Assessment 2000*

The multi-dimensional aspects of poverty in Tajikistan can be observed not only in income and expenditure levels, but also in the poor population's limited access to economic assets and basic social services such as education, health care and safe drinking water.

As illustrated in the graph below, GDP per capita in Tajikistan dropped dramatically between 1990 and 2000, and has only slightly rebounded since.

**Figure 3. Per Capita GDP (USD)**



Source: World Bank, *CAS 2003*

<sup>2</sup>Roughly equivalent to USD 2.85 PPP per day at the time. The World Bank decided to rely on expenditure rather than income statistics in its assessment, as expenditure data were seen to be less likely to be subject to under-reporting and distortions caused by growth in the informal sector, payment arrears in the formal sector and the de-monetization of the economy.

In 1990, pensioners received an equivalent of USD 70 per month, and teachers earned USD 100. In 2003, pensioners receive USD 2, and teachers make USD 7.

Over the past decade, a new group of “working poor” has emerged, especially in the health and education sectors. It has joined the traditionally most vulnerable groups such as the disabled, the unemployed, pensioners and families with more than five children, especially in single-female-headed households or households without a breadwinner, at the bottom of the income distribution.

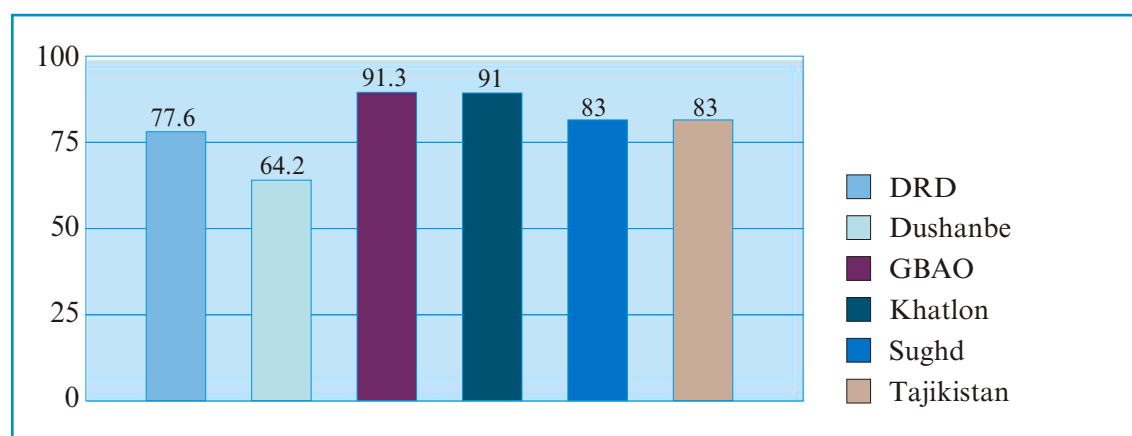
In the cotton-growing districts, cotton-workers and their families have come to be seen as particularly vulnerable; in the areas most affected by the civil war, there are still families who have not been able to regain adequate shelter and livestock to sustain them; and in remote mountain areas, the lack of arable land is preventing the population from escaping the most dire poverty.

### *Poverty in the eyes of the population*

When the local population is asked what constitutes poverty, most respondents point to the lack of clothes and food, and to below-subsistence salary and pension levels. In rural areas the lack of land and livestock is most often cited. In the regions most affected by the civil war, respondents decry the lack of building materials as well as poor housing conditions in general. In the lowlands, where most of Tajikistan's inhabitants live, the lack of safe drinking water and water for irrigation, as well as dwindling agricultural productivity due to a lack of inputs are of particular concern. For the inhabitants of remote mountain villages, the absence of transport, energy and communication infrastructure, along with the lack of access to social services (above all health and education), as well as the absence of employment opportunities and production and distribution facilities exacerbate general poverty.

While the countrywide average of people living below the poverty line in 1999 stood at 83%, the graph below shows that the levels varied significantly from region to region:

**Figure 4. Poverty by Region: Population Living Below the Poverty Line (in %, 1999)**

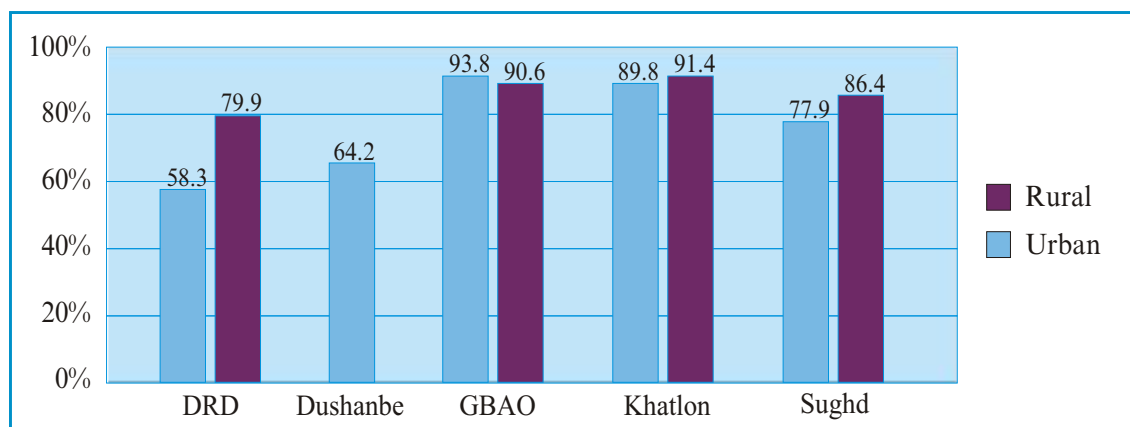


Source: TLSS, 1999

As shown, poverty is most widespread in Gorno Badakhshan (GBAO), followed by Khatlon. However, as only 3.1% of Tajikistan's overall population live in GBAO, it accounts for only 6.9% of the country's poor.

Poverty is also more common in rural than in urban areas:

**Figure 5. Poverty by Region: Rural vs. Urban Poverty (in %, 1999)**



Source: TLSS, 1999

People in cities are 20% less likely to be poor than the overall average, while individuals in rural areas are 4% more likely to be living under the poverty line. This is in part due to the higher number of dependants per household in rural areas.

### *What are the main factors reinforcing poverty in Tajikistan?*

#### **History:**

- Economic collapse triggered by the loss of markets (USD 2.4 billion of intra-Soviet exports in 1990) and transfers (half of the state revenues in 1990) following the fall of the USSR in 1991;
- The civil war and its legacies (50,000 dead and an estimated USD 7 billion in damage).

#### **Geography:**

- Distance from markets and ports (5000 km);
- Natural disasters (65 small- and medium-scale disasters in 2002).

#### **Governance and others:**

- Generally weak governance capacity;
- Under-developed infrastructure;
- Lack of employment opportunities;
- Low wages and pensions;
- Lack of access to and funding for the social sector.

### *What is being done to reduce poverty in Tajikistan?*

Recognising poverty as one of the country's most critical issues, the Government of Tajikistan has undertaken considerable efforts to establish poverty reduction policies.

In cooperation with the World Bank, the IMF and UNDP, the Government presented its Poverty Reduction Strategy Paper in 2002, which is above all designed to increase real incomes in the country and to achieve a fair distribution of the benefits of growth. In particular, the Strategy is to refine the targeting of assistance, to support job creation, and to facilitate access to health and education, as well as to strengthen governance and security.

## TARGET 2

### HALVE, BY 2015, THE PROPORTION OF PEOPLE WHO SUFFER FROM HUNGER

*Food is the most essential and basic need for any household*

Though the consumption levels of food in Tajikistan were already alarmingly low throughout the 1990s, the latest surveys appear to be showing a further decline. In the 2000 World Bank Poverty Assessment, one of the most disturbing facts is the reported rise from 10% in 1997 to 13% in 1999 of the proportion of the population who had only one meal per day. More than a quarter of the poorest households had one or less than one meal per day, and more than half had no more than two meals per day. It is also worrying that among the households who had food less than twice per day, more than 50% stated they would have to reduce the number of meals they ate per day further within the next six months.

The official statistics displayed in the table below show that the annual per capita consumption of food items declined drastically between 1992 and 2000.

**Table 1. Per Capita Annual Consumption of Food Items**

	1992	2000	2002
Meat and derivatives (kg)	27.8	4.4	5.6
Milk and derivatives (kg)	172.0	64.9	50.6
Eggs (pcs)	99.0	36.0	24.0
Sugar, incl. confectionery (kg)	8.2	6.7	7.7
Bread and grains (kg)	186.0	148.0	147.5
Vegetables (kg)	98.3	98.5	77.4
Fruit (kg)	25.6	50.8	27.1
Vegetable oil and fats (kg)	12.8	10.2	9.1

*Source: National Public Health Strategy to 2010*

There has been a significant shift toward the consumption of lower-quality, cheaper products since independence. Traditionally, Tajik meals used to be well-balanced; they included soups and main dishes made of a variety of vegetables, meat and grain products. Today, survey results show that meat, eggs and confectionery have become luxury items. According to the World Bank, more than half of the interviewed families had not eaten meat in the seven days prior to the interview, 61% had not had eggs and 85% had not had sweets. Three fourths of the population were very concerned about how they would meet their minimum needs over the following 12 months.

Tajikistan is a food-deficit country and the food supply situation is critically strained<sup>3</sup>, although there is no evidence of an actual breakdown of supply or of severe hunger. Nonetheless, a series of

<sup>3</sup>The Joint FAO/WFP Crop and Food Supply Assessment Mission in June/July 2002 indicated a cereal import requirement of 656,000 tons for 2002/2003.

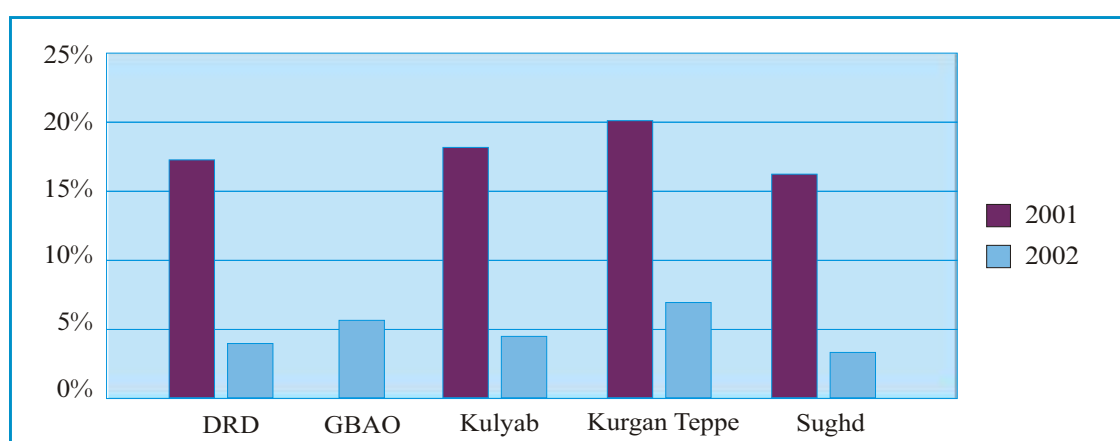


anthropometric and food security surveys in the late 1990s clearly indicated a steady and fairly steep decline in nutritional status. A severe shortage of animal protein was reported in the food available to schoolchildren; between 7g and 12g rather than the recommended 46g for 10-year-olds and 10g to 15g rather than the recommended 59g for 15-year-olds.

The changes in the composition of the population's meal plan over the past years have had a detrimental impact on children's growth and development and have led to a rise in the incidence of diseases caused or compounded by malnutrition. The 2002 National Nutrition Survey shows that global chronic malnutrition<sup>4</sup> among children between 6 and 59 months of age stood at 30.9% for Tajikistan as a whole. The Survey notes that illness continues to be a major determinant of malnutrition; the most common illnesses are waterborne diseases such as diarrhoea. This is underscored by the fact that acute malnutrition is clearly seasonal, with the peaks coinciding with the highest prevalence of diarrhoeal diseases in the early autumn.

The current levels of malnutrition threaten to have an unforeseeable impact on the economy, the human resource potential and society, as well as the gene pool in Tajikistan.

**Figure 6. Indicators of Acute Malnutrition by Region (in %, 2001 - 2002)**



Source: National Nutrition Survey, 2002

Other studies have shown that more than 50% of children and women of childbearing age suffer from iron-deficiency anaemia and iodine deficiencies. WHO has found that 80% of pregnant women in Tajikistan suffer from iron-deficiency anaemia. Iodine deficiency is seen as one of the most common causes of mental retardation worldwide. UNICEF's 2000 Multiple Indicator Cluster Survey (MICS) found that only 20% of families were using salt with sufficient quantities of iodine.

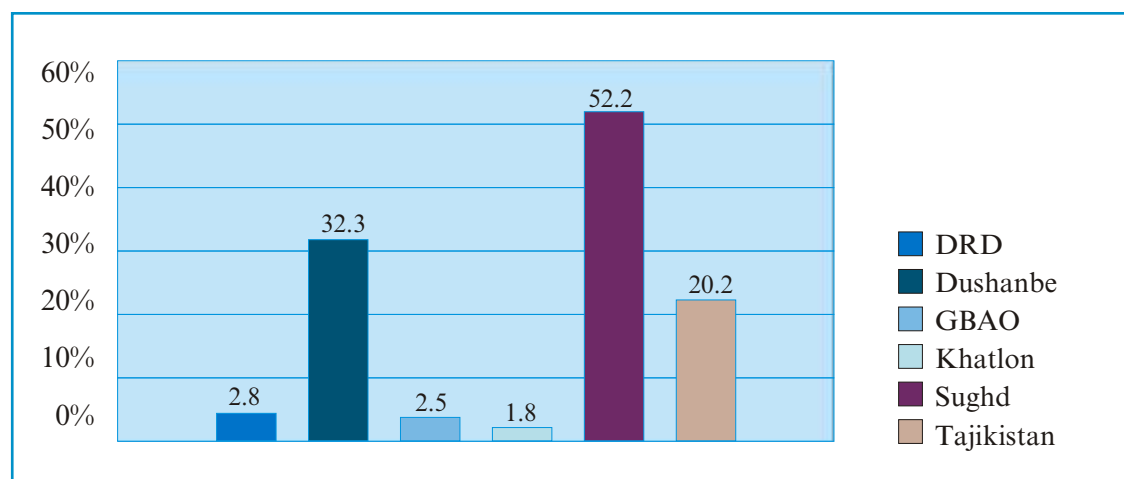
### *What are the key issues in Tajikistan's struggle with malnutrition?*

- Acute malnutrition (weight for height) / wasting;
- Chronic malnutrition (height for age) / stunting;
- Underweight children (weight for age);
- Iron and vitamin deficiencies among women of childbearing age (15-59) and children under five.

<sup>4</sup>GCM, a combined indicator for both moderate and severe malnutrition (see National Nutrition Survey, 2002, p. 3).

Even though the situation is broadly similar in various parts of the country, the prevalence of stunting and iodine deficiency among 6- to 12-year-olds and the high level of anaemia among women appear to be even worse in GBAO. This can be seen as a further indication that poverty is most severe in this part of Tajikistan.

**Figure 7. Households Using Iodised Salt (in %, 2000)**



Source: UNICEF, MICS 2000

### *What is being done in Tajikistan to eradicate hunger and address malnutrition?*

The Government has adopted National Action Plans on “Combating Iodine Deficiency” and “Preventing Iron-Deficiency Anaemia by 2002”, as well as a “Law on Iodised Salt.” Under an action plan drafted in the mid-1990s to prevent micronutrient deficiencies, iron and iodine deficiencies among women and children have been targeted.

The ADB has drawn up a programme to improve the nutritional status of mothers and children in vulnerable families, through which 66% of the population are to gain access to iodised salt and 33% are to receive flour fortified with iron. The programme will also monitor the prevalence of goitre and iron-deficiency anaemia among women and children. WFP has integrated iodised salt in its food distributions as of 2000.

At present, Tajikistan needs the help of international donors to face the challenges of malnutrition:

- In developing a “National Programme on Nutrition and Exercise” through technical assistance and consultation;
- In establishing a system to monitor the nutrition status and the prevalence of illnesses caused or compounded by malnutrition, to design efficient counter-measures;
- In setting up a food quality control mechanism, i.e. in equipping laboratories;
- In updating the composition of the minimum consumption basket;
- In putting in place educational programmes to promote the development of expertise on nutrition and the prevention of diseases caused or compounded by malnutrition.



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# MDG 2

## ACHIEVE UNIVERSAL PRIMARY EDUCATION



### TARGET 3

**ENSURE THAT, BY 2015, CHILDREN EVERYWHERE, BOYS AND GIRLS ALIKE, WILL BE ABLE TO COMPLETE A FULL COURSE OF PRIMARY SCHOOLING**

#### *Can Tajikistan achieve Target 3 by 2015?*

If an accelerated push is made by Government, civil society and the private sector in Tajikistan, and with continued support from the international community, the goal of having all boys and girls complete the full nine years of basic education can *probably* be achieved by the year 2015. In fact, the Government plans to go beyond the Millennium Goal and also increase enrolment in secondary school, higher education and vocational and technical schools. In addition to the Government's political will to achieve universal basic education, commitment by the international community to support the education sector is also required. While the Government has overall responsibility to implement the Constitutional and legal provisions for basic education, parents, families, teachers, businesspeople and the whole of society must be ready and willing to support the push toward universal education.

## *Education in Tajikistan*

The Constitution states that every person has the right to education. Basic education, from grade 1 to 9, is obligatory and free.<sup>5</sup>

All education indicators were higher in 1990, just before independence, than they are today. The challenges of transition were compounded by the civil war, with disastrous consequences for the education system. While detailed, disaggregated statistics are often not available, enough is known about physical infrastructure, enrolment and attendance, teacher quality and quantity and other indicators to be able to identify the priority challenges in the sector. Several studies conducted in 2001 and 2002 provide baselines for planning, and greater efforts are being made to maintain comprehensive statistics.

Enrolment in basic education declined throughout the 1990s, to 88.4% of the school-age population in 2000 compared to 94.3% in 1989. Girls are at greater risk than boys of not completing secondary education: in 2001, 36.7% of girls completed 11 years of schooling compared to 63.3% of boys.

In the 2002-2003 academic year, 1,619,400 children were enrolled in primary and secondary school, including 1,700 children with disabilities who live in institutions run by the Ministry of Education. Of the total number, 46.4% were girls.

## *Legislation and financing for education*

Several concept papers, Plans of Action and laws have been developed over the past 12 years, demonstrating the Government's commitment to education. Notable among these are:

- Law on Education (1993);
- National Report on Education for All for the Year 2000;
- National Concept of Education in the Republic of Tajikistan (2002);
- National Education Sector Development Plan (NESDP) for 2003-2010;
- Poverty Reduction Strategy Paper (2002; makes 43 specific recommendations for the education sector).

Due to financial constraints, however, the basic elements of these and other programmes have not been fully implemented. The Government recognises that between 4% and 6% of GDP is normally allocated to education in countries with a comparable financial situation, and is committed to increased budget allocations for education. The 2002 Poverty Reduction Strategy Paper calls for an increase of funding for the education sector of 0.2% of GDP annually over a 3-year period.<sup>6</sup>



<sup>5</sup>Basic education in Tajikistan includes primary education, grades 1 through 4, and lower secondary education, grades 5 through 9. Higher secondary education is defined at grades 10 and 11.

<sup>6</sup>PRSP, p. 37.

**Table 2. Expenditure on Education**

	1992	1990	1995	2000	2001	2002
<b>As a share of Government spending</b>	-	22.1	15.8	15.9	16.0	16.4
<b>As a share of GDP</b>	11.1	-	4.0	2.1	2.4	2.6

Source: Ministry of Finance (top line); WB paper (bottom line)<sup>7</sup>

An estimated USD 175 million is required to implement the NESDP, of which up to 10% is projected to come from Government revenues. The remainder will be sought from the international community. Currently, the World Bank and the Asian Development Bank are major sources of assistance for education, with the Aga Khan Foundation and the Governments of Germany, the USA, the Netherlands and Great Britain. The Islamic Bank for Reconstruction and Development, OPEC and the Soros Foundation, as well as UNESCO, UNICEF and WFP through its school-feeding programme are also contributing greatly to the sector.



### *The major challenges*

The complexity of ensuring basic education for all children can perhaps be simplified by using a conceptual framework called “child-friendly schools.” The first component of this concept is that it is **rights-based**. This means ensuring that all children have access to free schooling and are helped to attend school. Some children do not attend school because their families cannot afford the textbooks and other materials or even appropriate shoes and clothing. When children **do not attend or drop out** of school completely, they should be identified and helped to return. This is especially true for girls, who seem to drop out of school earlier than boys despite their better learning achievements.

Second, basic schooling must be **child-seeking and inclusive**. This means that *all* children, regardless of their ethnicity, family situation or their own physical or mental capacities, should be mainstreamed to the extent possible into the regular school system. For example, Tajikistan is multi-ethnic, with Tajik, Uzbek, Kyrgyz, Turkmen, Kazakh and Russian children who should have schooling in their mother tongue. Providing for five or six languages is complex and costly. Also, thousands of children are deprived of family care and live in institutions. While seeking family settings for these children, the Government also wishes to ensure they attend regular public schools instead of being confined to institutions. This also applies to children with mental and physical disabilities.

The third challenge is to ensure that basic education is **gender-sensitive**. Poverty, education costs, a decline in the prestige of education and re-emerging traditional gender roles in families and

<sup>7</sup> “Tajikistan: Education Sector Review; Meeting the education challenge: Policy options for the next generation”, Nicolas Burnett and Moukim Temourov, World Bank, draft March 2003.

communities may be contributing to a decrease in the number of girls attending school compared to boys. In 1998, there were 89 girls to 100 boys in Grades 5-9, while in 2002, there were 86 girls to 100 boys.

Fourthly, the Government is committed to having **quality-based schools** at all educational levels. This implies that both the quality of curriculum content and the quality of teaching are to be improved. The Ministry of Education has introduced several curriculum changes to update and diversify the traditionally limited number of subjects. While these new standards have been designed to overcome the inadequacies of former Soviet practices, they still focus on knowledge and content. The Government would like to see a basic education that develops students' self-reliance, promotes an attitude of "learning to learn," and builds independent judgment and higher-level thinking skills. As the curriculum changes, new textbooks and manuals will also need to be printed and made available to students and teachers.

The fifth challenge is to ensure that there are enough **trained and skilled teachers**. Thousands of teachers and other qualified school staff left Tajikistan or the teaching profession, leaving the country with a shortage of more than 10,000 teachers across all education levels. The Government is committed to increasing teachers' salaries; at an average of 22 somoni per month, their salaries are currently some 30% lower than the average national salary. Teachers need to be better trained, both during their own educational experiences at university and through in-service training once they join the teaching profession.

Children and teachers must be provided with a **quality environment**. At least 20% of schools were severely damaged during the civil war<sup>8</sup> and lack of maintenance has left many others with no heating, broken windows, leaking roofs, no floors and no furniture. Many schools lack the most basic office equipment such as copy machines, telephones and office furniture, and very few have computers.

Finally, the Government is encouraging **participatory governance** of schools. Community members and parents are encouraged to participate in school affairs through Parent-Teacher Associations and parents' committees in schools. Recent legislation allows schools to engage in fund-raising activities to help improve the school environment. Some financial and administrative responsibilities can be assumed by local authorities and parents. Also, students themselves, even young pupils, can also participate in decisions that affect them and their school environment.



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<sup>8</sup>EFA report (2000).

## *Recommendations*

Clear priorities have been established by the Government. To improve the quality of education and to ensure equal access to education, continued reform of the education sector is needed, including:

- The preparation of standards and guidelines under the National Concept of Education;
- Higher budget allocations to education and a more efficient administration of finances;
- New curricula, in line with global standards, and a comprehensive plan for producing enough textbooks for schools at all levels and in all languages;
- The implementation of the Government resolution on the computerisation of basic and secondary schools by 2007;
- Finalising and implementing the national plan for teacher training;
- Improving the physical infrastructure of all levels of schools, including heating, water and sanitation, and classroom supplies;
- Developing the structure of secondary professional schools;
- Strengthening the link between family and community upbringing and education, including the education of girls at all levels;
- Ensuring linkages between education and science.







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# MDG 3

## PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



*“Gender equality is a principal requirement  
of sustainable development.”*

*Kofi Annan  
UN Secretary General*

## TARGET 4

**ELIMINATE GENDER DISPARITY IN PRIMARY AND SECONDARY  
EDUCATION BY 2005 AND AT ALL LEVELS OF EDUCATION NO LATER  
THAN 2015**

### *Can Tajikistan achieve Target 4 by 2015?*

The level of gender equality in primary schools remains high, but the economic difficulties and social changes of transition have contributed to lower enrolment by girls at the secondary and higher levels of education, especially of girls from poor families. The gender gap might increase further, making it *unlikely* that Tajikistan will be able to eliminate gender disparity in primary and secondary education by 2005 and at all levels of education no later than 2015.

## What is being done in Tajikistan to strengthen the role of women?

The Constitution of the Republic of Tajikistan guarantees equal rights and freedoms to all citizens, regardless of gender. Tajikistan was one of the first countries worldwide to ratify the Convention on the Elimination of All Forms of Discrimination against Women and the Declaration on the Political Rights of Women.

The Government has adopted several key documents to promote gender equality, including:

- The “National Plan of Action on Strengthening the Status and Role of Women for 1998 - 2005,” which covers health, education and capacity-building, poverty reduction, the protection of women's rights, the prevention of violence against women, and issues such as women and the environment;
- A 1999 Presidential Decree on “Measures to Strengthen the Role of Women in Society”, which provided the basis for training and promoting women for key positions in the political administration and the economy;
- “Principal Strategies of the State on the Achievement of Equal Rights and Opportunities of Men and Women in RT for 2001-2010.”

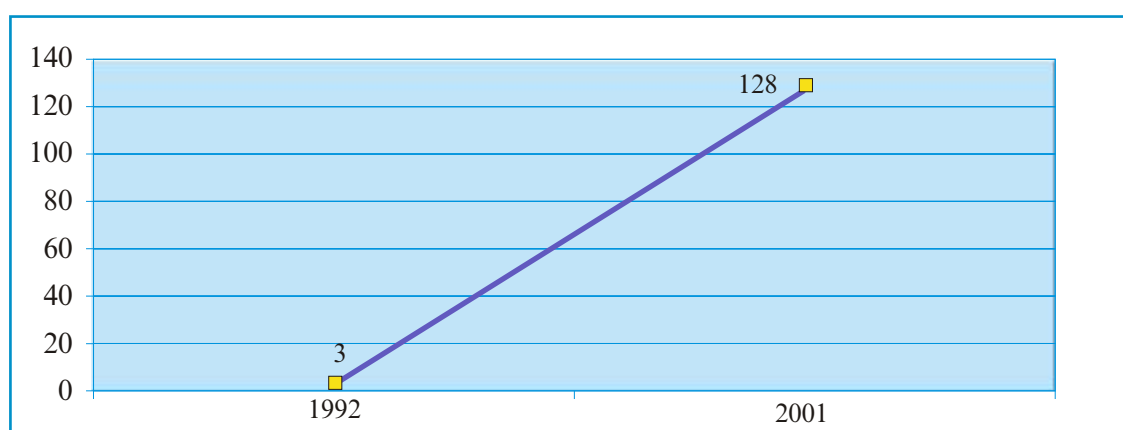
State policy on ensuring equal rights and opportunities cannot be successful without the equal participation of men and women in the development and implementation of the relevant strategies. The targeted policy of the Government in promoting female leaders increased their success in Parliamentary elections. In the Lower Chamber of Parliament, 11 women now serve, which is 17.5% of the total number of deputies. Five women serve in the Upper Chamber of Parliament, accounting for 14.7% of the total. Thus, the ratio of women in the legislative branch is higher than in other CIS or European countries.

Women's participation in local governments increased to 11.6% in 2000 compared to 4.4% in 1996.

Despite these positive trends in participation by women in decision-making, there is still a gender imbalance at the top echelons of the Government. Women constitute only 21% of officials in the executive branch of the Government. The judiciary branch reports that only 20.8% (2003) of its judges are women.

Improved overall conditions for the development of civil society in Tajikistan have contributed to the growth in women's organisations. With support from the international community, women's associations in Tajikistan have greatly increased their activities since 1992, and have thus expanded the development of civil society. The number of women's NGOs is steadily increasing.

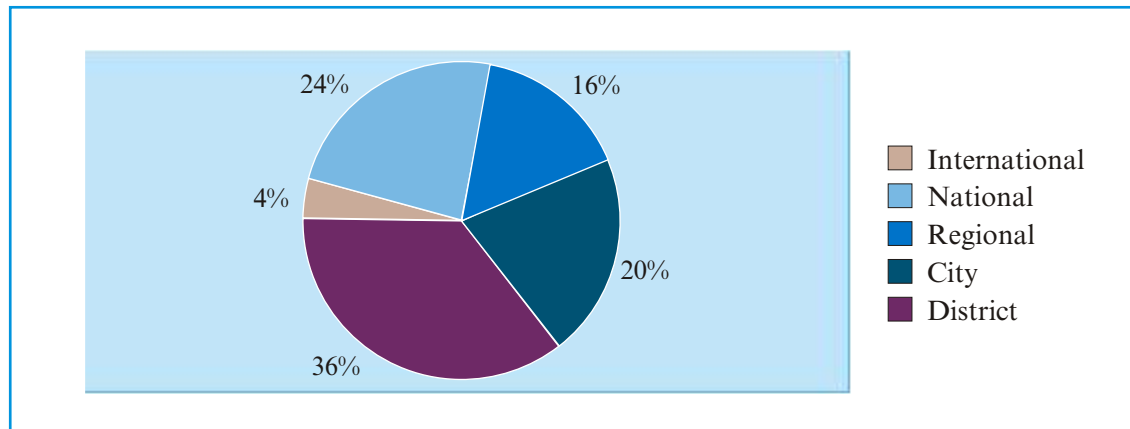
**Figure 8. Number of Women's NGOs: Countrywide**



Source: *Gender & Development*, “Almanac of Women NGOs,” 2002

The number and activities of women's NGOs have expanded not only at national and international levels, but also at regional and district levels.

**Figure 9. Women's NGOs: By Administrative Level (in %, 2002)**

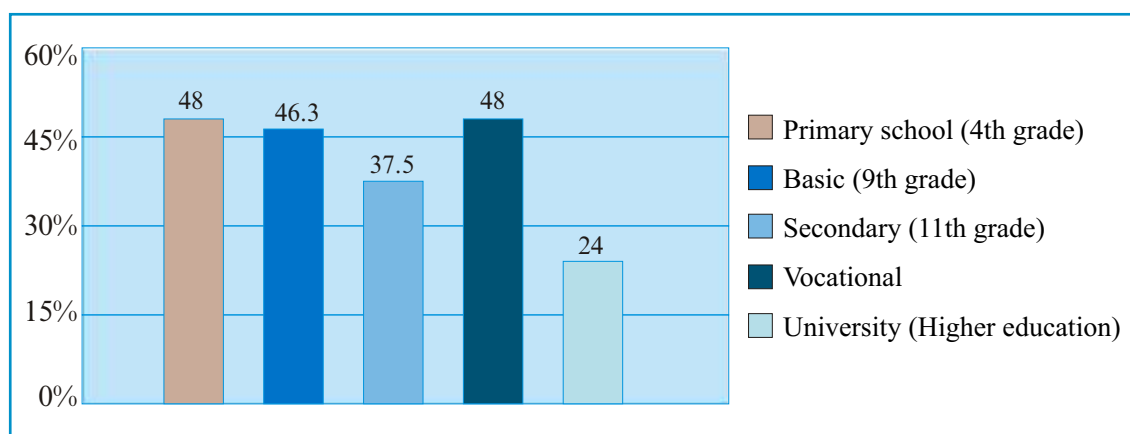


Source: Gender & Development, "Almanac of Women NGOs," 2002

As they work very closely with the population, women's NGOs in Tajikistan are not only in a good position to identify problems, but also to help the Government address challenges in such areas as social protection, education, health and the employment of women.

Gender statistics reveal that young women, especially from rural areas, have limited access to education. There is a sharp decline in school attendance by girls beyond grade 9, that is, after the nine years of compulsory education.

**Figure 10. Girls' Enrolment in Education, (of total enrolment by level, in %, 2001)**



Source: State Statistical Committee

Families' meagre financial resources are used to educate sons while daughters are prepared for early marriage. According to a survey conducted by Gender and Development, 86% of respondents agreed with the necessity of education for boys but only 40% felt it was important for girls.

Since 1997, under the initiative of the President, all higher educational institutions must meet a quota in admitting young women from rural areas. These female candidates are not required to take entry exams, and merely go through an interview process instead.

In science and research, there is also a lack of gender balance. Women constitute 17% of scientists in Tajikistan. Of these, 26.8% hold advanced degrees and 5.4% are Doctors of Science.<sup>9</sup>

In the course of the ongoing transition from centralised planning to a market economy, living conditions in Tajikistan have deteriorated, which has affected women even more than men. Women are more likely to be unemployed, as they find themselves at a disadvantage in the competition for scarce employment opportunities. Of the economically active population, only 47.1% are women, while among officially registered unemployed, women make up 54.9%. Just over 52% of women are housewives. The average monthly salary of women is 21 somoni (a little less than USD 7 in April 2003), which amounts to just 52% of the average monthly salary of men. This is in part due to the fact that women are more likely to work in low-paid sectors of the economy such as agriculture, education and health.

**Table 3. Proportion of Male and Female Employees and their Average Monthly Salaries**

Occupation	Gender ratio		Average monthly salary	
	Male	Female	Male	Female
<b>All occupations</b>	52.9	47.1	40.1	21.1
<b>Including:</b>				
<b>Health and social insurance</b>	41.4	58.6	8.7	8.5
<b>Agriculture</b>	47.0	52.8	20.6	15.5
<b>Education</b>	50.7	49.3	25.7	15.0
<b>Industry</b>	58.1	41.9	130.0	57.0
<b>Culture and art</b>	59.1	40.9	28.9	15.7
<b>Communication</b>	68.4	31.6	101.9	74.6
<b>Geology</b>	71.0	29.0	57.8	30.0
<b>Trade and food-service industry</b>	71.9	28.1	21.4	15.7
<b>Transport</b>	83.2	16.8	61.7	52.7
<b>Construction</b>	86.5	13.5	73.9	43.7
<b>Other branches of material production</b>	88.1	11.9	32.8	24.7
<b>Forestry</b>	88.9	11.1	10.1	7.0

Source: State Statistical Committee

<sup>9</sup>The terms used in Russian are Кандидат наук and Доктор наук, which are commonly translated as Doctor of Philosophy (Ph.D.) and Doctor of Sciences, respectively.

Following the civil war, the number of single-female-headed households increased; as of July 2002, it was reported to exceed 70,000. The main reasons cited are the loss of the family's breadwinner and increased labour migration of the male population. Women often lack the knowledge and skills to independently run farms, which is described as one of the reasons why women are only granted very limited access to financial resources and land.

While officially there is no discrimination against women and they possess the same rights as men, in practice their ability to exercise and enjoy their rights remains limited. This is due to several economic, social and cultural reasons:

- Macroeconomic policies fail to take into account the particular vulnerability of women;
- Women's employment and income levels are much lower than men's;
- Social services in large parts of the country are unavailable or inadequate;
- The population is not familiar with the basic principles of existing legislation;
- Gender stereotyping relegates women to a secondary role in family and society;
- Women's work at home is not sufficiently recognised and they bear the brunt of the responsibility for children and households;
- Women do not have sufficient access to decision-making.

In addition to the existing laws and decrees mentioned earlier, special measures are required to provide fully equal opportunities for women. Above all there is a need to:

- Improve the implementation and monitoring of legislation on gender relations;
- Establish a minimum quota for women in government;
- Take gender aspects into consideration in the implementation of the national Poverty Reduction Strategy;
- Stimulate women's economic activities through micro-credit;
- Develop a system of formal and informal public education on gender rights;
- Create mechanisms for equal access for men and women to financial, educational and cultural resources;
- Develop a social partnership between the Government and NGOs to jointly address gender disparities.





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# MDG 4

## Reduce Child Mortality



### TARGET 5

#### **REDUCE BY TWO THIRDS, BETWEEN 1990 AND 2015, THE UNDER-FIVE MORTALITY RATE**

##### *Can Tajikistan achieve Target 5 by 2015?*

The situation regarding infant and maternal mortality rates in Tajikistan remains complex. Official statistics and independent studies yield different results on trends in the reduction of maternal and infant mortality after 1990. However, available data indicates that Tajikistan by itself is *unlikely* to be able to reduce child mortality by two thirds by 2015.

##### *Child mortality in Tajikistan*

The birth of a healthy child depends on many factors, including the socio-economic situation of the family, the education and health status of the parents, as well as overall access to services, including quality health care and qualified obstetrical care.

In the population structure of the country, 49.9% of the population is female; 49.3% of whom are women of childbearing age and 9.4% of whom are older than childbearing age. More than 72% of the female population live in rural areas.

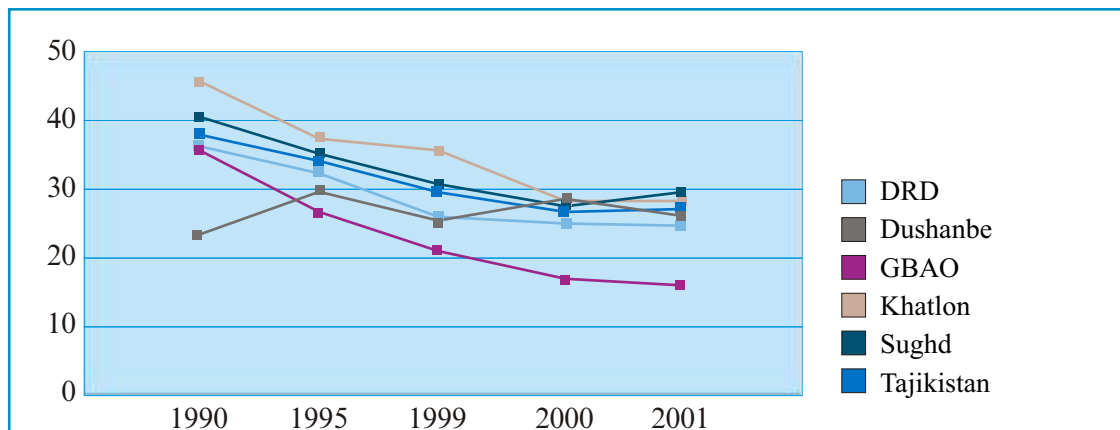
According to household survey data,<sup>10</sup> about 37% of pregnant women did not receive pre-natal care in 1999. The rate of home deliveries is increasing. According to the Ministry of Health it was 27.7% in 1997 and had increased to 42.1% in 2000. According to the 2000 Multiple Indicator Cluster

<sup>10</sup> World Bank and UNDP, 1999.



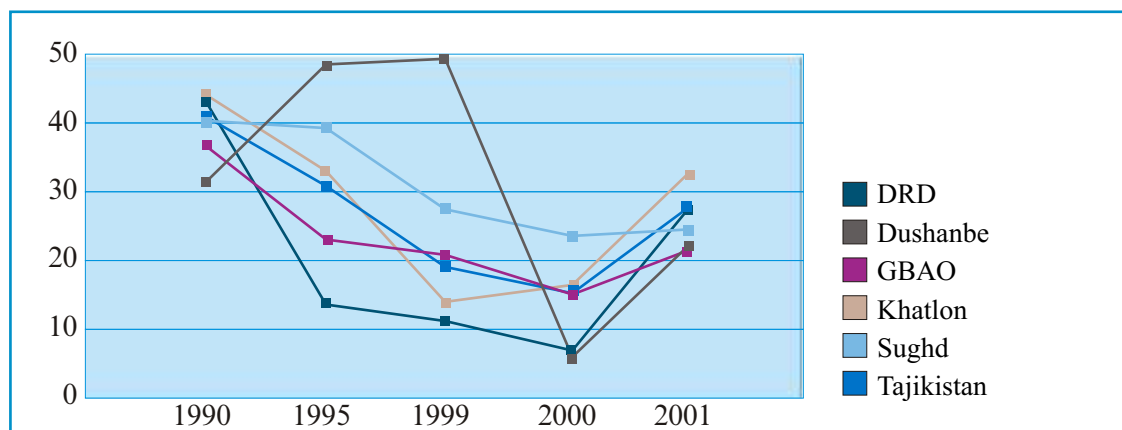
Survey (MICS), 71% of deliveries took place in health facilities throughout the country. The lowest rate of hospital deliveries was in Khatlon, at 37%. According to the MICS, only 47% of newborns in the country were weighed at delivery; 13% of these babies weighed less than 2,500 grams.

**Figure 11. Birth Rate (per 1,000 inhabitants)**



Source: Medical Statistics and Information Centre, MOH

**Figure 12. Infant Mortality Rate (per 1,000 live births)**



Source: Medical Statistics and Information Centre, MOH

The registered annual birth rate has decreased by 18.7%, from 185,700 in 1998 to 150,964 in 2002. Simultaneously, there has been a trend towards decreased registered infant mortality of children under one year. According to the State Statistical Committee, 19.3% fewer children died in 2002 than in 1998. Official data reported IMR at 27.9 in 2001. However, according to MICS 2000, the infant mortality rate was 89 per 1,000 live births and the under-five mortality rate was 126 per 1,000 live births. Reporting child mortality is a complex issue, partly because of differences in the definition of live-birth (LBD).<sup>11</sup> Acceptance of the internationally accepted WHO definition is growing, and as pilot projects in 2003 are validated, the methodology for reporting infant mortality may change.

The reductions in both the mortality rate and the annual birth rate are due not only to changes in the country's demographic situation, but also to low levels of registration of births and deaths. This has

<sup>11</sup>Tajikistan has maintained the former Soviet definition of live birth, which is considerably looser than the WHO definition, stipulating that a child born particularly prematurely, or of extremely low birth weight, or who did not survive a week, would not be considered a live birth. Thus, infant mortality has been significantly under-recorded.

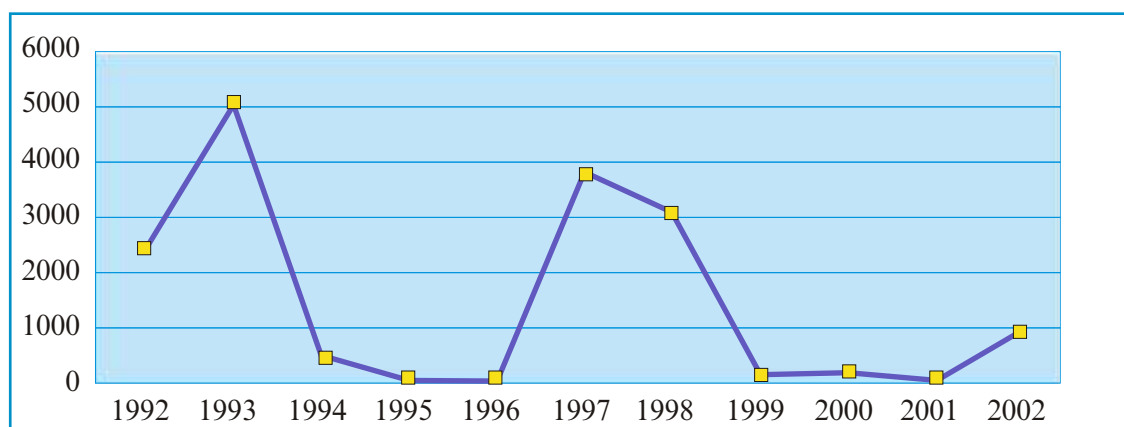
been attributed both to many parents not being able to afford the birth registration fees, and to the high ratio of home deliveries.<sup>12</sup>

Infant mortality in 2000 was attributable above all to respiratory diseases (23.6%), parasitosis and infectious diseases (21.9%), conditions during the peri-natal period (18%), and congenital abnormality (4%). The number of registered stillborn babies has risen to 2,252 in 2002 from 1,944 in 1998.<sup>13</sup>

Despite immunisation coverage against measles in 2000 - 2001 of 85%, measles cases increased in 2002, with 921 registered cases. On the national average, morbidity from measles came to 14.6 per 100,000 inhabitants. The highest rate was registered in Ragun city, with 810.7, followed by Vanj and GBAO with 528.3, Tajikabad District with 302.5, Jirgital District with 140.9 cases, and Rasht District with 91.5 cases per 100,000 inhabitants. In Dushanbe, the morbidity rate stood at 15.5 cases per 100,000 inhabitants. The number of measles cases tends to rise during the autumn and winter months, which account for 74% of annual measles morbidity.

Analysis of measles morbidity in Tajikistan shows it has a natural periodicity. Every three to four years, a rise of measles cases is noted. The current increase may be due to the accumulation of cohorts (children) who are susceptible to the disease. Susceptibility to measles depends partly on the quality of vaccination services, as the vaccine may not be effective or the cold chain may have been interrupted. The low coverage rates among 6-year-old children with repeat doses of measles vaccine, often due to a lack of vaccines, also plays an important role in the epidemiology of measles.

**Figure 13. Measles Cases in Tajikistan (absolute figures, 1992-2002)**



Source: Medical Statistics and Information Centre, MOH

The coverage level with a repeat dose in 1999 and 2000 ranged from 31% to 46% of the target group. In 2001 and 2002, the coverage level with repeat doses did not exceed 75%, on account of the reasons cited above. Most measles cases (86.6%) were reported among children under 14 years of age and of these children, 46.1% were between 1 and 4 years old.

The Ministry of Health, UNICEF, WHO and international organisations including MSF-Holland and Merlin have been closely following the periodicity of measles outbreaks and are taking steps through mass and mop-up campaigns to control the disease.

As pointed out in the section on Target 2 (Hunger), widespread socio-economic hardship and poor living standards result in a very poor nutritional status, especially among children.

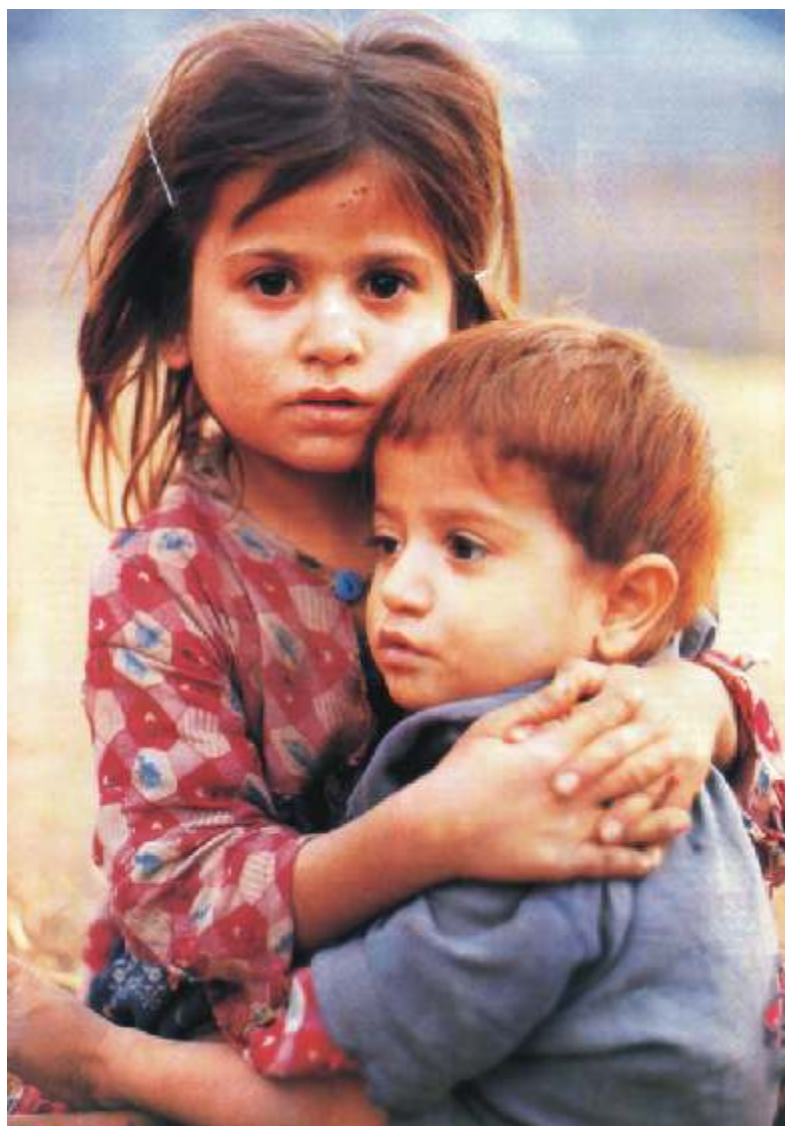
<sup>12</sup>Monitoring conducted by the Ministry of Health and the Ministry of Justice in 1996.

<sup>13</sup>Centre of Medical Statistics and Information of the Ministry of Health.

## *Recommendations*

To work towards a reduction of child mortality by two thirds by 2015, a broad set of measures and efforts will need to be undertaken. In particular, there is a need to:

- Implement a phased transition to international standards in peri-natal care and improve birth and death registration, as recommended by WHO;
- More actively promote breast-feeding;
- Improve physician's knowledge on peri-natal and neo-natal care at polyclinic and hospital levels;
- Improve the overall quality of and access to health care;
- Expand WHO/UNICEF strategies on the integrated management of childhood illnesses;
- Adopt the international definition of live-birth;
- Increase the knowledge of parents and families to improve home practices in child care.



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# MDG 5

## IMPROVE MATERNAL HEALTH



## TARGET 6

### REDUCE THE MATERNAL MORTALITY RATIO BY THREE QUARTERS BY 2015

#### *Can Tajikistan achieve Target 6 by 2015?*

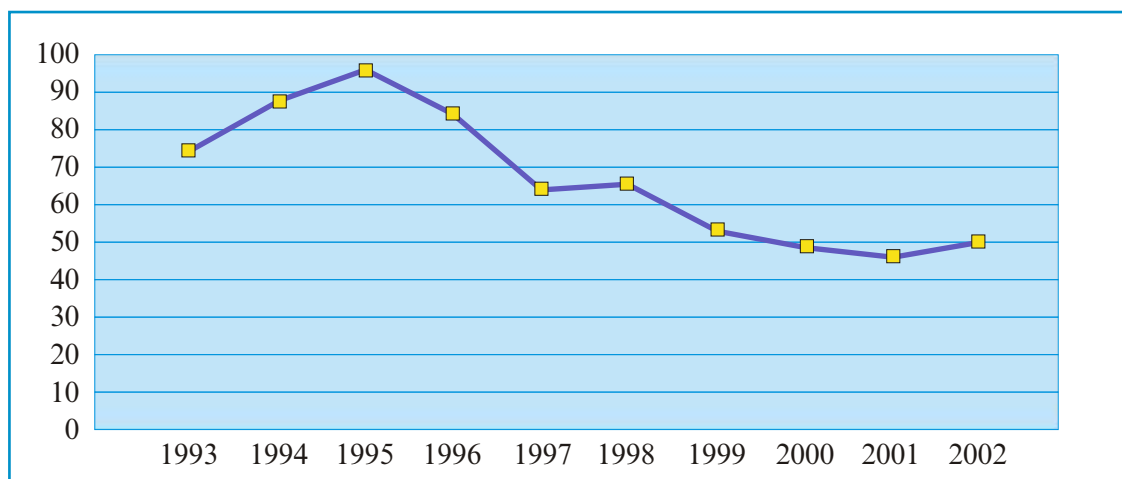
The situation regarding infant and maternal mortality rates in Tajikistan remains complex. Official statistics and independent studies yield different results on trends in the reduction of maternal and infant mortality after 1990. However, available data indicate that Tajikistan by itself is *unlikely* to be able to reduce maternal mortality by three quarters by 2015.

#### *Maternal mortality in Tajikistan*

Women's health needs are starting to be recognised as requiring special attention. While official data show a significant decrease of maternal mortality from 97.7 per 100,000 live births in 1992 to 50.6 per 100,000 live births in 2002, renewed efforts need to be undertaken. Official data also suggest large geographic disparities, with some regions of the country reaching 157.1 and others a high 1,075.3 per 100,000 live births.

Figure 14, below, shows countrywide maternal mortality rates since 1993. The absolute number of women who died in 2000, 2001 and 2002 of pregnancy-related causes was 239.

**Figure 14. Maternal Mortality Ratio (per 100,000 live births)**



*Source: Medical Statistics and Information Centre, MOH*

In 2002, the major causes of maternal death were: haemorrhages (30.4%), eclampsia (30.4%), extra-genital diseases (13.9%), and complications resulting from infection (10.1%).

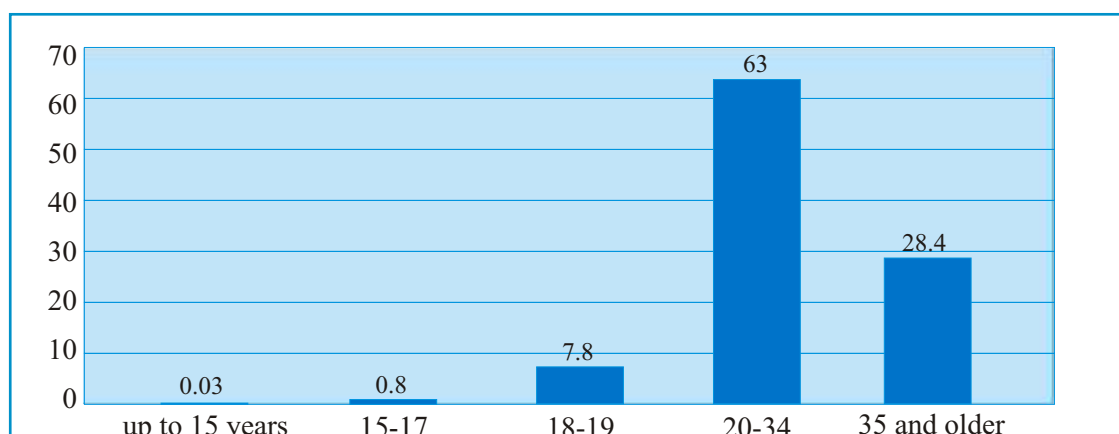
According to a rapid assessment of reproductive health facilities, services, and equipment in 2000, 45.4% of women died from haemorrhage in DRD and 33.3% of women died from post-natal infection including sepsis in Dushanbe. Every fifth woman in Sughd Oblast and every tenth woman in DRD died following a rupture of the uterus. Eclampsia was observed as one of the major causes of maternal deaths in Khatlon and Sughd, where in 2002, it claimed 25 and 24 lives, respectively.

Anaemia is very common, affecting 50.3% of registered pregnant women. 30.1% of cases of displacement of the placenta are reported to be caused anaemia and overall, this blood deficiency is regarded as a leading cause of maternal mortality.

The increasing number of often unattended home deliveries (more than 40.7% countrywide and up to 80% in some regions), the lack of ante-natal care, and insufficient contraceptive coverage are significant problems. Only 21.5% of women practice contraception, increasing to 47.7% in specially targeted groups.

While registered abortions in Tajikistan are decreasing (88.5 per 1,000 live births), the number among adolescents has increased and accounts for some 9% of the total number of abortions. Reports indicate that abortions have become a leading cause of death among young women. According to the 2000 Rapid Assessment, the abortion rate, at 144.5 per 1,000 live births, is 1.5 times higher than official data suggest.



**Figure 15. Abortions (by age group, in %, 2000)**

Source: Rapid Assessment, 2000

A programme on reproductive health and family planning is currently being implemented. Nonetheless, the majority of women do not have access to reproductive health services.

The lack of knowledge and absence of information on family planning issues for women, especially adolescents, contribute to the high prevalence of abortions.

A further general concern is the problem of malnutrition among women. In 61% of families, nutrition was found to be unsatisfactory; consequently, 56% of children are not appropriately nourished. Malnutrition is very closely linked to poverty and further details can be found in the section on Target 2.

The emigration of physicians, obstetricians, gynaecologists and midwives has had a severe impact on the quality of health care, particularly in Khatlon and DRD. To improve health care, particularly in birth assistance, training programmes for neo-natologists, geneticists, laboratory technicians, radiologists, pathologists, as well as midwives and nurses for maternal care need to be established.

### *Recommendations*

To work towards a reduction of maternal mortality by three quarters by 2015, a broad set of measures and efforts will need to be undertaken. In particular, there is a need to:

- Improve mothers' nutrition, with particular attention to micronutrients;
- Implement the “Strategy to Promote Effective Peri-natal Care” and the “Strategy to Promote Safe Motherhood”;
- Improve access to and the quality of ante-natal care, including emergency care for mothers and children;
- Prepare National Clinical Protocols on the management of deliveries, and the post-natal and neo-natal period;
- Increase access to in-patient deliveries and improve support to home deliveries;
- Promote life skills among women and enhance self-empowerment regarding their own health;
- Ensure broad access to quality reproductive and family planning services.



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# MDG 6

## COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES



### TARGET 7

#### HAVE HALTED BY 2015, AND BEGUN TO REVERSE, THE SPREAD OF HIV/AIDS

##### *Can Tajikistan achieve Target 7 by 2015?*

The National Strategic Plan for the Prevention of HIV/AIDS foresees that Tajikistan may *potentially* be able to lay the ground for a stabilisation of HIV/AIDS by 2015. This will, however, only be possible if the efforts undertaken under the Plan continue to garner full internal and external support.

The situation of HIV infection in Tajikistan is rapidly worsening. Over the past two years, seven times as many cases of HIV infection were registered than over the previous decade since official registration began in 1990.

**Table 4. Number of Officially Registered HIV Cases**

1990	1991	1992-1996	1997	1998	1999	2000	2001	2002
-	2	-	1	1	-	7	34	30

*Source: Ministry of Health*

While the official figures remain low in absolute terms, they fail to reflect the situation in Tajikistan adequately. The lack of reliable data is largely due to shortcomings in diagnostic capacity, which in turn is attributed above all to the economic and financial constraints the country has been facing. The number of samples tested has decreased to an average of 15,000 tests per annum over the past five years, and sentinel surveillance has not been conducted regularly.



Government and international donors recognise that official data do not provide a realistic picture. According to estimates, the real number of HIV infections is ten times higher, and in some regions twenty times higher than official figures.<sup>14</sup> Of registered HIV-carriers, 73% are injecting drug users (IDU) and more than 70% are less than 30 years old. Approximately 20% of HIV infections were registered in prisons.

The major means of HIV transmission in Tajikistan is intravenous drug use. Since 1996, the transit of drugs through Tajikistan has increased rapidly, contributing to a marked rise in the number of drug users. According to 2002 UNODC estimates, there are between 45,000 and 55,000 drug users, of whom some 80% are opiate (above all heroin) users. Some 70% of this latter group are injecting drug users.<sup>15</sup>

Additional risk factors include a growing but clandestine sex industry, a lack of knowledge and promotion of safe sex practices, inadequate health services, high rates of migration, and a general lack of risk awareness among the population, especially among young people, who account for some 60% of the population. Estimates indicate that there are currently about 5,000 commercial sex workers, who are assumed to have some 1,000 sexual contacts with different partners each year.

Labour migrants constitute a risk group which is particularly vulnerable to HIV. According to the Ministry of Labour and Social Protection, there are some 210,000 seasonal migrants; IOM estimates that the figure may be closer to 500,000.

Due to the ubiquitous lack of funds, existing safe health service procedures cannot always be appropriately followed. For the same reason, anti-retroviral treatment for HIV/AIDS is not available in Tajikistan.

Thus there are objective factors conducive to the spread of HIV infection in the country and like in other countries in the CIS, the number of HIV infections will grow over the next few years. The modes of transmission will grow more diverse (e. g. through MTCT) and infections will be registered among pregnant women and new-born children.

In the near future, the capacity of diagnostic facilities is to be improved with support from international organisations, and regular sentinel surveillance can then be provided. The sentinel surveillance data can be expected to show a sharp rise in the number of HIV cases among vulnerable groups. They will provide a first realistic baseline.

The problem of HIV has been recognised at the highest political level. As far back as 1987, a network of government agencies dealing with HIV/AIDS was established and a network of NGOs dealing with HIV prevention has been emerging in recent years.

A National Multi-Sectoral Committee on HIV was set up in 1997. In 2000, the Government approved a second National Programme on HIV/AIDS. The development of a new law to combat HIV/AIDS is underway, which will improve prevention measures, particularly among the most vulnerable groups.

In 2002, a Strategic Plan on HIV/AIDS Prevention was approved, which is aimed at preventing the spreading of HIV among youth, injecting drug users, commercial sex workers, migrants, soldiers and prisoners. It also provides for the safety of donated blood and the prevention of mother-to-child transmission of HIV. Some of the activities outlined in the Plan have already begun, with the support of UNAIDS and other partners. Thus needle exchange and harm reduction projects initiated by

<sup>14</sup>UNODC: Conference Report: Regional conference on drug abuse in Central Asia, 2002, Tashkent.

<sup>15</sup>ibid.

UNAIDS are now supported by OSI-Tajikistan and USAID, a pilot risk reduction project for commercial sex workers has begun with the help of WHO, and programmes to promote a healthy lifestyle among youth have been launched by UNFPA and UNICEF. Additional programmes have been designed to improve prevention among prisoners, migrants and other vulnerable groups.

To support the implementation of the Strategic Plan, the Global Fund against HIV/AIDS, Tuberculosis and Malaria has allocated USD 2.4 million to Tajikistan for 2002 - 2005. If the measures outlined above are implemented rapidly and effectively, the target of halting and beginning to reverse the spread of HIV/AIDS by 2015 could become attainable. Given the multitude of risk factors and based on the experience in other CIS countries, however, there is a very real danger that HIV/AIDS could get out of hand if the government and people of Tajikistan, as well as the international community, do not pay sufficient attention to this matter.

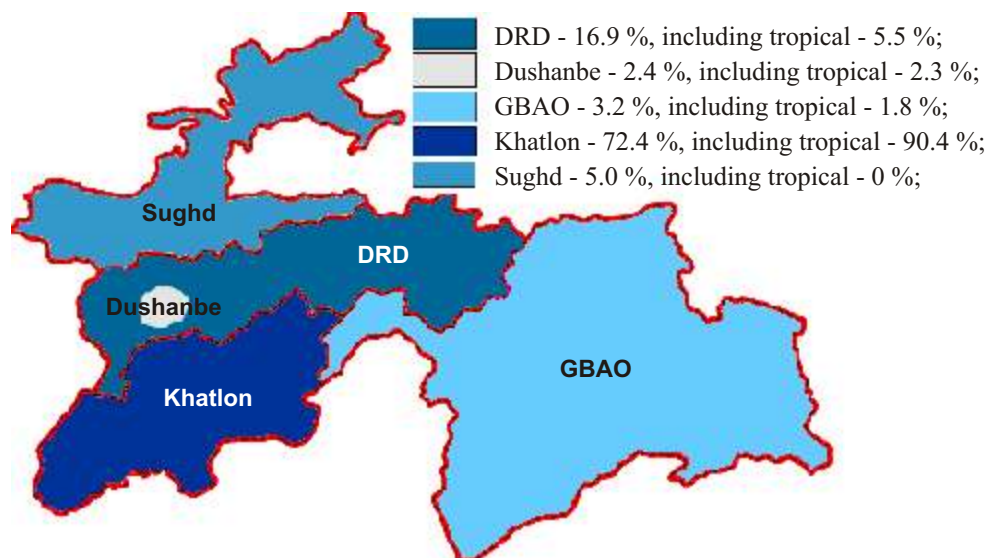
## TARGET 8

### HAVE HALTED AND BEGUN TO REVERSE, BY 2015, THE INCIDENCE OF MALARIA AND OTHER DISEASES AND REDUCE MORBIDITY RATES

#### *Can Tajikistan achieve Target 8 by 2015?*

*Unlikely.* Exact epidemiological information on the current spread of malaria is not available, though indicators suggest that malaria is now endemic in large areas of the country. Without massive investment into malaria control activities, this target will not be met.

#### Distribution of Registered Cases of Malaria, 2002



## *Malaria in Tajikistan*

Formerly endemic, malaria had been all but eradicated from Tajikistan during the period of the Soviet Union. It returned in epidemic fashion in 1992, and by 1997 30,000 cases were officially registered. The main cause of the morbidity rate increase was population migration in 1992 to the most affected areas in Afghanistan and their return to their permanent places of residence, which had no malaria prevalence in the past. At the same time all malaria prevention measures were suspended; the level of general and special health care services deteriorated. Rice cultivation near living areas increased, while drainage systems were not longer adequately maintained and cleaned. As a result, malaria-transmitting mosquitoes have found better breeding grounds in ditch-water reservoirs and other stagnant pools.

Most malaria cases in Tajikistan have been non-complicated vivax malaria; nonetheless, the increase in the potentially fatal tropical falciparum malaria is of great concern. In addition, studies have revealed increasing levels of resistance to traditional first-line treatment regimens in falciparum cases.

Malaria is now known to be endemic in large areas of the country, particularly in regions bordering Afghanistan. In these areas the majority of cases have been found to be non-symptomatic, and victims therefore have not known they were infected and have consequently not sought diagnosis and treatment. This has also rendered official statistics inaccurate, given that only patients with a positive laboratory confirmation are registered.

There is increasing access to quality diagnostic and treatment facilities around the country, but the direct and indirect costs of official health services means that many patients are self-treating with medicine from the local bazaar without medical supervision.

The map inserted at the beginning of this section shows the percentage breakdown of officially registered cases of malaria around the country last year. It should be noted that new and emerging epidemics are taking place in low-lying areas in the north of the country, particularly in the Uzbek and Kyrgyz border regions of the Ferghana Valley.

Prevalence studies conducted by WHO and the Ministry of Health have shown that the parasite index is around 10% in project areas of Kolkhozobad district, where nearly 3000 people were tested. The majority of malaria patients were found to be non-symptomatic carriers of *P. vivax* and *P. falciparum*.

In 2002, 6,160 malaria cases (509 of tropical malaria) were officially registered, which is significantly less than the previous year. The actual prevalence of *P. vivax* and *P. falciparum* malaria, however, is much greater than official data indicate. According to the WHO, the burden of malaria in Khatlon, with a total population of some 2.2 million people, may be estimated at 150,000 to 250,000 symptomatic and non-symptomatic cases. The total country estimate of malaria cases may approach 300,000 to 400,000. The estimated number of *P. falciparum* malaria cases lies between 30,000 and 50,000 countrywide.

Over the past few years a number of anti-malaria measures have been conducted, including treatment and prevention, insecticide spraying in houses and larvicidal measures. In addition, affected populations have been offered inter-seasonal treatment with Primakhin and seasonal chemo-prophylactic treatment in the districts with the highest prevalence of tropical malaria. Further prevention measures have also included personnel training and health education. In addition there have been efforts to provide affected communities with bed-nets.

### Main challenges

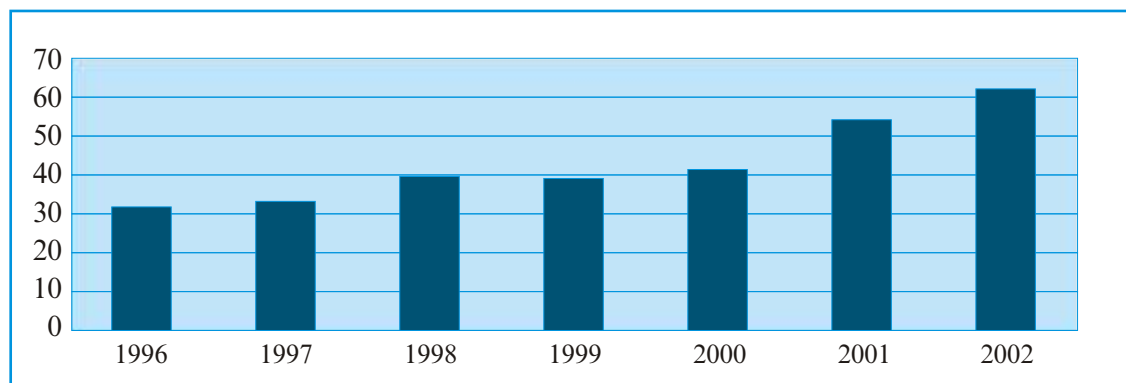
The situation and problems for malaria control in the country can be characterized thus:

- The rates of malaria prevalence and transmission are high, especially along the Afghan-Tajik border where the quality of and access to primary health care is low;
- The capacities for early diagnosis and adequate treatment of malaria are low, especially at the periphery;
- The lack of insecticides and larvicide programmes is hampering prevention;
- The malaria control system is weak;
- Awareness among the population of malaria prevention techniques is low;
- Financial resources for combating malaria are limited;
- Tropical malaria agents are progressively becoming more resistant to anti-malarial medicines.

### Tuberculosis in Tajikistan

As shown in the figure below, the number of registered cases of tuberculosis doubled from 32 per 100,000 in 1996 to 64 per 100,000 in 2002. Over the past decade, the number of deaths from tuberculosis more than tripled from 3 per 100,000 in 1992 to 9.7 per 100,000 in 2002.

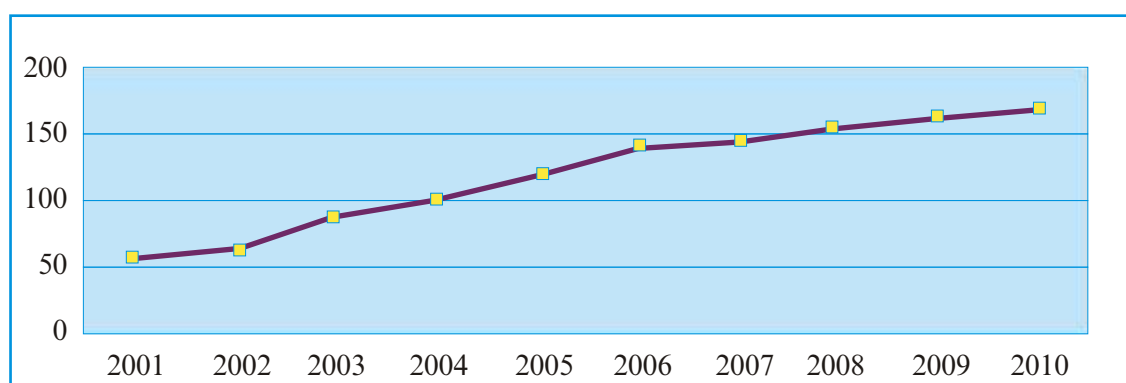
**Figure 16. Tuberculosis 1996 - 2002 (per 100,000 inhabitants)**



Source: Ministry of Health

Experts forecast an increase of registered cases to 160 per 100,000 by 2010.

**Figure 17. Tuberculosis 2001 to 2010 (per 100,000 inhabitants)**



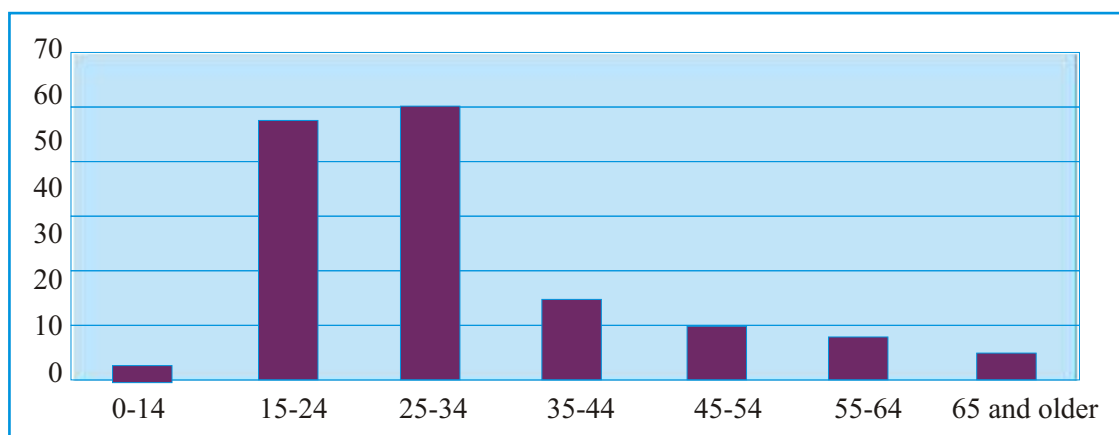
Source: Ministry of Health

Tuberculosis in Tajikistan is closely linked to general factors such as widespread poverty and recurring natural disasters. There has been a disturbing increase in morbidity rates, due among others to the shortage of qualified health personnel, as well as the lack of effective medicines and diagnostic supplies.

In 2002, the Government approved the “Programme to Combat Tuberculosis in RT, 2003-2010”. Following WHO recommendations, this programme is based on the introduction of DOTS<sup>16</sup> with the support of international agencies. Dushanbe and Leninskiy district have been selected as pilot project areas. Starting in July 2002, DOTS has been introduced in Dushanbe. Consequently, the number of cases registered in the city rose from 64.3 in 2001 to 82 per 100,000 in 2002. As indicated in the figure below, 65.3% of registered first-time patients are between 15 and 34 years old. Some 7% of the registered cases are of fibrinous-cavernous tuberculosis. One tenth of newly registered sick children are discharging bacteria. According to WHO estimates based on indirect indicators, the tuberculosis morbidity rate in Tajikistan is currently 127.3 per 100,000.

Currently, 13% of the population are covered by DOTS. It is planned to have 100% DOTS coverage by 2005.

**Figure 18. Tuberculosis by Age Group in Dushanbe, 2002**



Source: Ministry of Health

To achieve this goal, the health services need to:

- Detect 70% of contagious pulmonary tuberculosis cases to decrease the rate of transmission;
- Provide full coverage with anti-tuberculosis medicines and ensure that they are used effectively;
- Establish and equip a network of laboratories for tuberculosis diagnostics.

The following results are to be achieved through DOTS by 2015:

- 85% recovery rate for new cases (85,000 persons);
- 98% of children under 1 are vaccinated, 100% of children under 6 covered by chemoprophylaxis;
- Tuberculosis morbidity rate decreased;
- Tuberculosis mortality rate decreased;
- Epidemiological supervision improved.

<sup>16</sup>Directly Observed Therapy Strategy.

**Table 5. Infectious Diseases 1995 - 2002 (per 100,000)**

Infectious disease	1995	1996	1997	1998	1999	2000	2001	2002
Diarrhoea	845.0	663.5	893.1	984.3	1198.7	1366.2	1152.0	1045.6
Hepatitis	348.6	139.1	274.1	119.8	161.2	158.1	149.0	130.3
Typhoid	26.6	213.2	491.1	168.6	114.4	70.8	53.6	52.2
Dysentery	147.6	89.6	81.0	62.1	60.9	42.4	33.3	35.4
Brucellosis	4.7	4.3	2.6	3.3	8.2	13.6	12.4	17.9
Anthrax	1.74	1.91	1.25	4.8	2.4	5.4	2.5	2.6

Compared to the period between 1997 and 2000, some waterborne diseases have begun to spread more slowly (typhoid, dysentery, diarrhoea, hepatitis); nevertheless, morbidity is still high.

While the prevalence of typhoid is somewhat lower overall, in some parts of the country it is on the rise. This is particularly true of Khatlon and DRD, where this waterborne disease still poses a severe problem.

The main cause of all these diseases is the lack of access to safe drinking water.

In 1990 - 1991, 63% of the population had access to what was categorised as piped water; by 2002, this ratio had dropped to 56.3% overall, and to just 30% in rural areas. Alarmingly, the situation has been deteriorating further each year.

The population receives water through a total of 698 water supply systems; 105 of these include water from open sources (rivers, canals and springs), without primary cleaning and disinfection. More than 40% (272) of the water supply systems do not meet sanitary requirements; 104 (16%) of them do not have a sanitary protective zone. In 261 (40%) of the water supply systems, the water is not chlorinated. 30% of tested water samples did not meet state standards for drinking water.

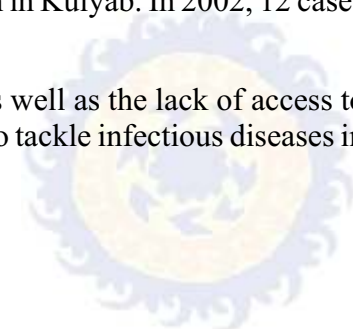
Another risk factor is that individuals as well as state and private institutions and organisations have been building latrines, cattle shelters and the like close to water sources (rivers, canals, ditches). As a result, many water sources have been contaminated.

As electricity is only available for five to six hours a day in the winter, water supply systems cease to function and people resort to unsafe water from open sources.

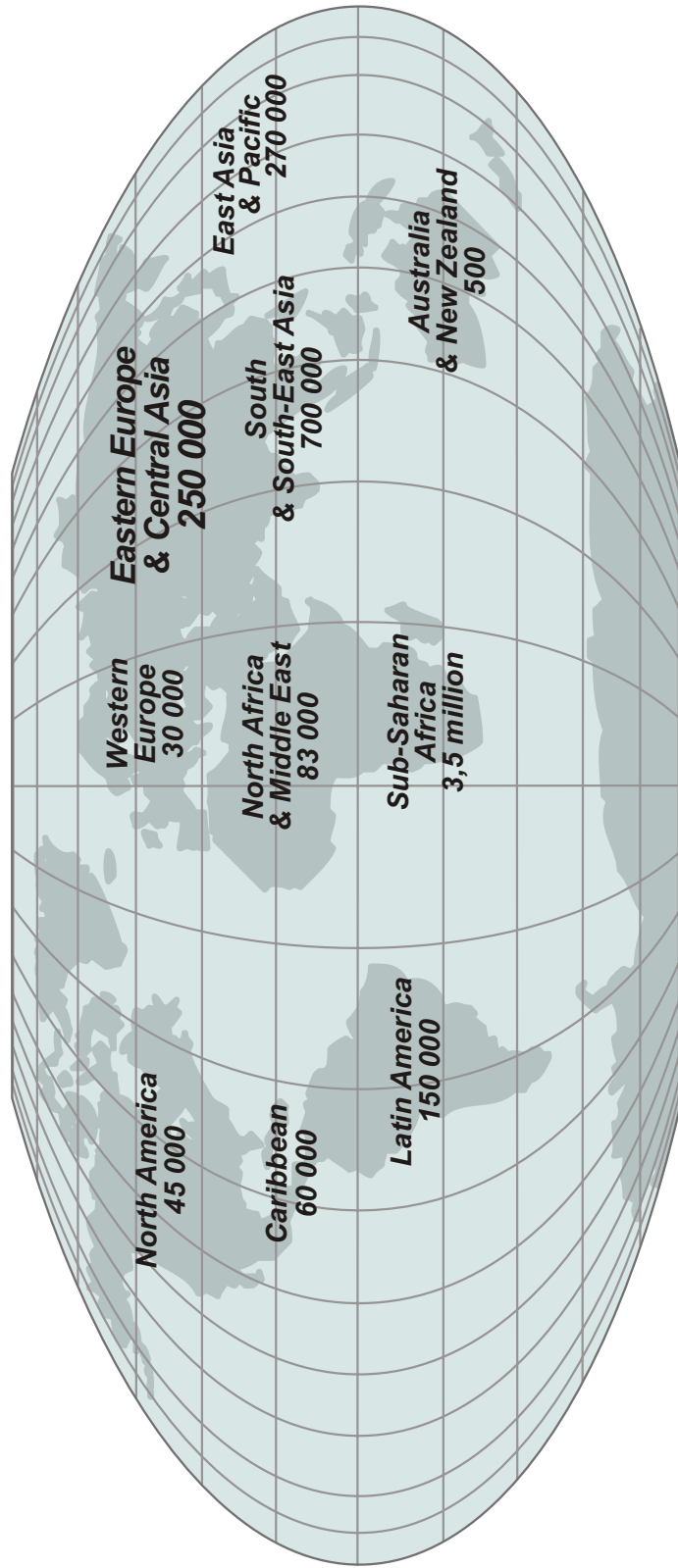
The main reason why animal anthrax and brucellosis are so widespread is the low vaccination coverage of cattle at both state and private farms.

Fifteen cases of hemorrhagic fever were registered in 2001, 14 of them in Kulyab. In 2002, 12 cases were registered, 10 of them in Kulyab.

The overall socio-economic hardship, poverty and unemployment, as well as the lack of access to adequate housing, nutrition and safe drinking water, make it difficult to tackle infectious diseases in Tajikistan.



# Estimated number of adults and children newly infected with HIV during 2002



Total: 5 million

# MDG 7

## ENSURE ENVIRONMENTAL SUSTAINABILITY



*“...It's time to draft national and local Plans of Action on Tajikistan's transition to sustainable development ...based on detailed analysis of the current situation, national resources and the priorities for socio-economic development...”*

*National Sustainable Development Report “Rio+10”*

## TARGET 9

### **INTEGRATE THE PRINCIPLES OF SUSTAINABLE DEVELOPMENT INTO COUNTRY POLICIES AND PROGRAMMES AND REVERSE THE LOSS OF ENVIRONMENTAL RESOURCES**

#### *Can Tajikistan achieve Target 9 by 2015?*

The target can *potentially* be achieved. In 2002, the National Sustainable Development Commission, established in 1998, undertook an assessment of progress in Tajikistan since Rio-92. All national plans and programmes were assessed in accordance with the principles of sustainable development and concrete recommendations for relevant national policies were made. The National Strategy on Climate Change and Biodiversity Conservation has developed an integrated plan for addressing environmental conservation issues with an emphasis on poverty alleviation and economic development.



## *The environment in Tajikistan*



Sustainable human development depends on sound economic growth and on a healthy environment. Ecological deterioration and overuse of natural resources restrict economic growth and present serious threats to the population.

*Land degradation.* There are 0.8 ha of arable land per capita in Tajikistan.

The area used for irrigation agriculture has dropped from 0.11 ha to 0.09 ha per capita over the last decade. Around 50,000 ha of cultivated land (1% of the total) are lost to desertification each year. At the same time, more than 30% of arable land is affected by erosion. This in turn degrades irrigation systems, which today cover 87,000 ha.

*Water pollution.* 55.4% of the Aral Sea basin water flow comes from Tajikistan. Some 845km<sup>3</sup> of fresh water are concentrated in glaciers. The total reserves of fresh drinkable water underground are estimated at 18.7km<sup>3</sup>. More than 46km<sup>3</sup> of water, 20km<sup>3</sup> of which are freshwater, are concentrated in the lakes of Tajikistan.

Since 1992, pollution of surface water by nitrates, heavy metals and pesticides has decreased as the use of mineral fertilizers and pesticides has decreased and as industrial and agricultural production has slumped. Industrial waste dumping decreased by 22% from 138.6 million m<sup>3</sup> in 1990 to 108.2 million m<sup>3</sup> in 2000, while dumping of untreated sewage fell by 59%, from 6.96 million m<sup>3</sup> to 2.86 million m<sup>3</sup> over the same period.

*Waste management.* Industrial waste deposited in tailing dumps amounts to more than 200 million tons. Annually, domestic waste is approximately 3 million tons. Most waste is collected in 50 sites of more than 300 ha each, of which only five are monitored. Major problems are faced in the storing and reuse of some 170 million tons of radioactive waste, which is stored in 11 sites. Tailing dumps and cast-off fields present serious threats to the environment and to nearby communities.

*Loss of bio-diversity.* Anthropogenic influences on the natural environment have led to the destruction of Tugai<sup>17</sup> ecosystems, thinning forest coverage, dwindling pasture productivity, topsoil erosion and decreased soil fertility. Today, 226 types of plants and 126 species are rare or threatened with extinction.

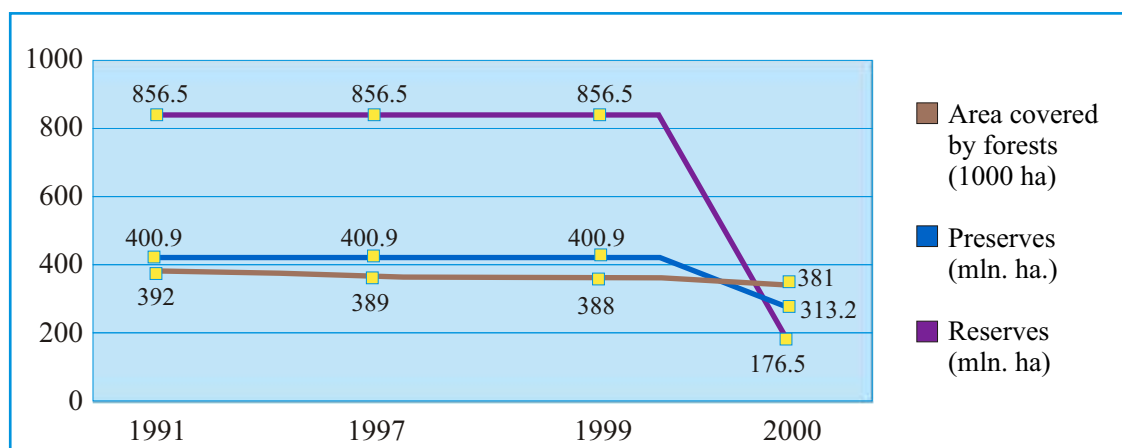
*Proportion of land area covered by forest.* Thanks to the increase in land under the management of the State Committee on Land Resources, it has been possible to stabilise the amount of forest area. Wooded areas comprise 3% of the country's territory (lower than the 12% average for mountainous regions), and include 268 species of trees and plants. Forest productivity fell between 1992 and 2002 by between up to 15%, mainly to overgrazing and illegal felling of trees for fuel.

*Land area protected to maintain biological diversity.* There are two national parks, four preserves and 14 reserves in Tajikistan, established for the preservation of flora and fauna and their ecological systems. In 2002, the total area of these protected territories amounted to almost 3 million ha.



<sup>17</sup>Tugai is a landscape specific to the region, characterised by boscages in river flood plains.

**Figure 19. Forest Coverage and Protected Areas, 1991 to 2000**



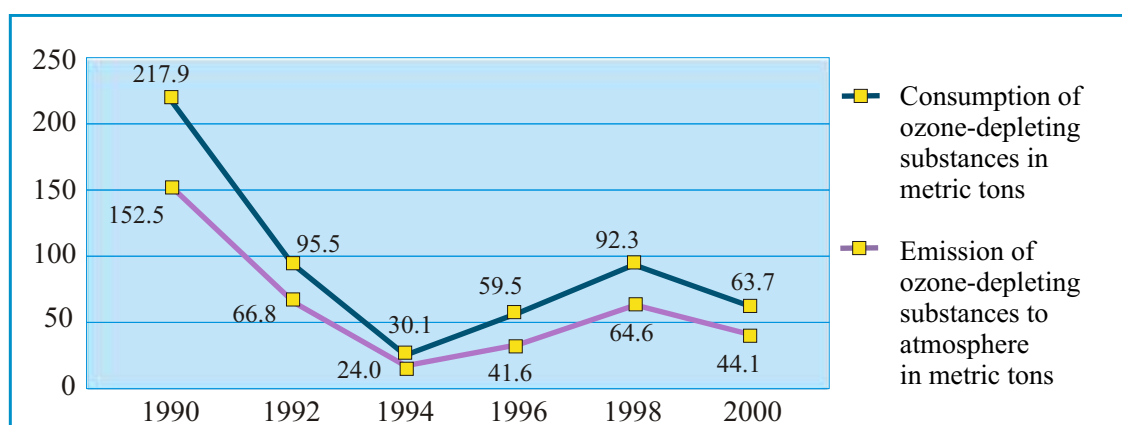
Source: Tajikles

*Atmospheric pollution.* Emissions from stationary sources fell by 74% from 115,400 tons in 1990 to 29,600 tons in 2000. 70% of this decrease is due to reduced production at the Tajik Aluminium Plant. In 2000, the incidence of noxious substances per capita was 0.015 tons per year.

In 2000, 79,600 tons of transport emissions accounted for 73% of total emissions. The cities of Dushanbe and Kurgan-Tyube are most vulnerable to pollution due to more industry, automotive transport, high levels of natural dust and a shortage of trees (“green lungs”). In 1998, emissions of carbon dioxide per capita amounted to 0.3 tons, 36 times less than the average for OECD countries (11 tons per capita).

Implementation of the National Programme on Banning the Use of Ozone-Depleting Substances helps conserve the ozone layer and prevent global warming. Consumption of ozone-depleting substances has decreased by 83%, from 0.017 kg per capita in 1992 to 0.002 kg per capita in 2002.

**Figure 20. Use and Emission of Ozone-Depleting Substances, 1990 - 2000**



Source: Ministry for Environmental Protection

Although ozone-depleting substances are not produced in Tajikistan, they are used as refrigerants for the production of refrigerators at the Dushanbe Refrigerator Plant “Pamir” (Frion-12 and Frion-22) and as fumigants (methyl bromide).

### *What are the main problems?*

- Weak integration of environmental protection policy into national development strategies;
- Insufficient environment monitoring systems. A database should be established to allow government and non-government structures to make targeted and effective decisions;
- Insufficient public participation in defining priorities and selecting practical solutions to address environmental challenges;
- Poor public access to environmental information;
- Weak normative and legislative mechanisms for environmental protection;
- Lack of economic incentives to encourage eco-friendly management;
- Lack of financing for environmental monitoring;
- Low awareness of environmental issues among the population;
- Lack of financing for protection of the natural environment;
- Insufficient forecasting systems for natural disasters, combined with the lack of an effective natural disaster response system.

### *What is being done to protect the environment in Tajikistan?*

To ensure environmental protection, promote the rational use of natural resources, and work towards sustainable development, the Government adopted several measures. These include the Land and Water Codes, the State Ecological Programme for 1998-2000, the National Plan of Action for a Clean Environment, and National Programmes on Fresh Water and Sanitation. Steps are also being taken to prevent the use of ozone-depleting substances, halt desertification, mitigate the consequences of climate change, and launch environmental awareness programmes.

Tajikistan cooperates with a number of international organisations and participates in regional and sub-regional initiatives. Tajikistan has ratified ten Conventions, one Protocol and five Agreements on sustainable development and the environment.

### *Power generation and the efficient use of energy*

In recent years, power generation has presented serious obstacles to sustainable development, hampering the implementation of economic and social development programmes.

Tajikistan does not have large quantities of oil or gas, but it has substantial hydro-power, which can be made available at low cost (0.4 cent per 1 KWh). This resource has the potential to be the keystone for sustainable development in the country. However, since 1991 access to power has decreased considerably, with only 71% of the population having access in 2000.

**Table 6. Energy**

Year	Energy production, million kW hours	Energy production per capita, kW hours	Real GDP in million somoni	GDP per unit of energy use
1992	16,822	3,038	64.5	0.004
1996	14,980	2,611	308.5	0.021
2000	14,247	2,302	1806.7	0.127

Source: State Statistical Committee

## TARGETS 10 AND 11

**HALVE, BY 2015, THE PROPORTION OF PEOPLE WITHOUT SUSTAINABLE ACCESS TO SAFE DRINKING WATER; BY 2020, HAVE ACHIEVED A SIGNIFICANT IMPROVEMENT IN THE LIVES OF AT LEAST 100 MILLION SLUM DWELLERS**

Targets 10 and 11 present serious challenges and are *unlikely* to be met by 2015. The existence of slums is not recognized by the Government, and there are no efforts to classify or assess the current situation in slums. Water and sanitation quality will continue to be crucial issues, while other constraints (weak financing and poor management) will continue to pose significant threats to human development, until such time as effective mechanisms are in place to involve all stakeholders in water management (communities, private sector, local and national governments).

UNHABITAT defines a slum household as one that is home to a group of people under one roof and that lacks one or more of the following five conditions:

1. Access to water

A household is considered to have access to improved water supply if it has sufficient water for family use, at an affordable price, available to household members without extreme effort, especially by women and children.

2. Access to sanitation

A household is considered to have adequate access to sanitation if an excreta disposal system, either in the form of a private toilet or a public toilet shared with a reasonable number of people, is available to household members.

3. Secure tenure

Secure tenure is the right of all individuals and groups to effective protection by the State against forced evictions. People have secure tenure when:

- a. There is evidence of documentation that can be used as proof of secure tenure status;
- b. There is either de facto or perceived protection from forced evictions.

4. Durability of housing

A house is considered 'durable' if it is built in a non-hazardous location and has a structure permanent and adequate enough to protect its inhabitants from the extremes of climatic conditions such as rain, heat, cold and humidity.

5. Sufficient living area

Living area in a house is considered insufficient if more than two people share the same room.

### *Proportion of population with sustainable access to an improved water source*

The population uses 122 million m<sup>3</sup> of drinking water every year. Underground sources provide 95% of water and surface sources 5%. Some 65% of total water consumption is for domestic needs, with no increase observed over the past decade.

The quality of water provided has declined, however, especially in small towns and villages. Around 65% of the water supply network has completely deteriorated. Official statistics indicate that 51.2% of the population is connected to a water supply system, while 48.8% of people receive water from other sources. However, the 2000 MICS showed that 40% of the population use drinking water from the water supply system, 8% use wells, 6% use boreholes and 33% of people collect water from other sources (pools, rivers, irrigation canals and so forth).

Serious health risks are posed by contamination from sewage, informally disposed domestic waste, and pesticide wash-off from poorly managed irrigation systems. Combined with the prevalence of defective sanitary appliances and untreated water flow directly from rivers into the distribution network, these factors contribute to recurring outbreaks of waterborne diseases.

The “Water Quality and Household Hygiene Survey in Khatlon and Direct Rule Districts” conducted by Action Against Hunger in April-May 2000 demonstrates the following:

- Distance to water source: in houses 43%; within 5 m 5%; between 5 m and 100 m 18%; more than 100 m 33%;
- Water-use: 81% of households used from 60 to 300 litres of water per day (a medium household of 9 people used from 6.6 to 33 litres per person per day);
- Collection and storage of water: open containers 43%, closed containers 24%, mixed 33%;
- Boiling of water before drinking: yes 11%, no 4%, and sometimes 85%.

### *Proportion of people with access to improved sanitation*

The State Statistical Committee reported that 23% of the population has access to sewage facilities (89% of these are urban, 11% are rural). The MICS revealed that 97% of urban populations and 88% of rural populations have access to sanitation facilities. 60% of Dushanbe residents use lavatories connected to a sewage system or a pit latrine. Pit latrines were used by 83% of people in Khatlon, 76% in Sughd and 81% in the DRD. In GBAO, 28% of the population does not have any toilet facilities.

The Action Against Hunger survey reported that 100% of assessed households have a pit latrine, 98% of which are uncovered. It also noted the use of soap for washing hands in only 16% of respondents, with 44% not using soap and 40% sometimes using it.

### *Proportion of people with permanent housing*

In 1999 natural disasters affected 13,000 people, damaging more than 5,000 houses and completely destroying 624 houses. Total damage exceeded USD 20 million. In 2002, 175 natural disasters were registered (earthquake, mudflows and others), affecting an estimated 203,073 people.

At least 142 localities in 18 regions are situated in flood areas, and another 490 localities are flooded periodically. More than 300 localities are situated in potential landslide zones. Table 7 shows the types and frequency of natural disasters between 1997 and 2002.

**Table 7. Natural Disasters**

	1997	1998	1999	2000	2001	2002
<b>Natural disasters</b>	219	164	146	234	37	175
<b>Earthquake</b>	20	9	27	18	2	24
<b>Floods</b>	88	222	10	11	3	21
<b>Mudflows</b>	80	97	86	27	22	93
<b>Landslides</b>	13	25	13	51	9	9
<b>Strong winds</b>	-	-	-	14	-	17
<b>Epidemics</b>	18	4	6	25	-	4
<b>Plagues of insects</b>	-	7	4	39	-	-

Source: State Statistical Committee

Regarding shelter, the State Statistical Committee estimated the average living space per person was 9.1 m<sup>2</sup> in 2002, down from 9.5 m<sup>2</sup> in 2001. The decrease was greater in rural areas: from 8 m<sup>2</sup> in 1991 to 6.6 m<sup>2</sup> in 2000. Given the growth in the rural population, improvements in rural areas will be difficult to achieve and the disparity between urban and rural populations will increase.

### *What are the main problems?*

- Ineffective system of water management, resulting in widespread use of untreated water; low maintenance of domestic water meters, and a dilapidated water supply system as a result of chronic overuse;
- Insufficient funding;
- Absence of effective normative and legislative framework and management structures for industrial and domestic water use;
- Lack of participation mechanisms (involving public and private sectors and especially local communities in effective water solutions).

### *What is being done in Tajikistan to improve living conditions?*

The PRSP aims to improve living conditions for all, with an emphasis on the poorest, mostly rural, population. A medium-term programme aimed at resurrecting the agriculture sector has been developed. In 2001, the Government adopted the “National Plan on the Rational Use and Conservation of Water Resources”, which emphasises the need to adopt the Law “On Drinking Water” and implement the National Programme on “Fresh Water and Sanitation.” This programme envisages the rehabilitation of existing sanitation and water supply systems, as well as the completion of other new and existing projects, while the National Action Plan of Environmental Hygiene will provide for nationwide access to adequate drinking water supply systems by 2005.



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# MDG 8

## **DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**



*“Effective and targeted support requires economic reforms. This involves bringing in additional investment, expanding the export potential of the country, and promoting our gradual integration into international financial and trade institutions. I am convinced that at the current stage of Tajikistan's development it will not be left to face its problems alone.”*

*Emomali Rakhmonov  
President of the Republic of Tajikistan*

## **TARGET 12**

### **DEVELOP FURTHER AN OPEN, RULE-BASED, PREDICTABLE, NON-DISCRIMINATORY TRADING AND FINANCIAL SYSTEM**

Following the collapse of the Soviet Union, Tajikistan's economic policy-makers were faced with the difficult task of restructuring the economy to ensure growth. The civil war further exacerbated the problems. Following the signing of the Peace Accords in 1997, economic reforms gradually began showing results. First signs of economic growth were recorded and inflation decreased from 2100% to 40%, thanks to structural reforms in the financial sector and tax system and to privatisation. A new stage of structural reforms and institutional capacity building started in 1999. These activities are to improve Tajikistan's capacity to manage a market economy in a new environment, and to modernise the administration, as the success of the economic reform process depends on fundamental progress in governance.



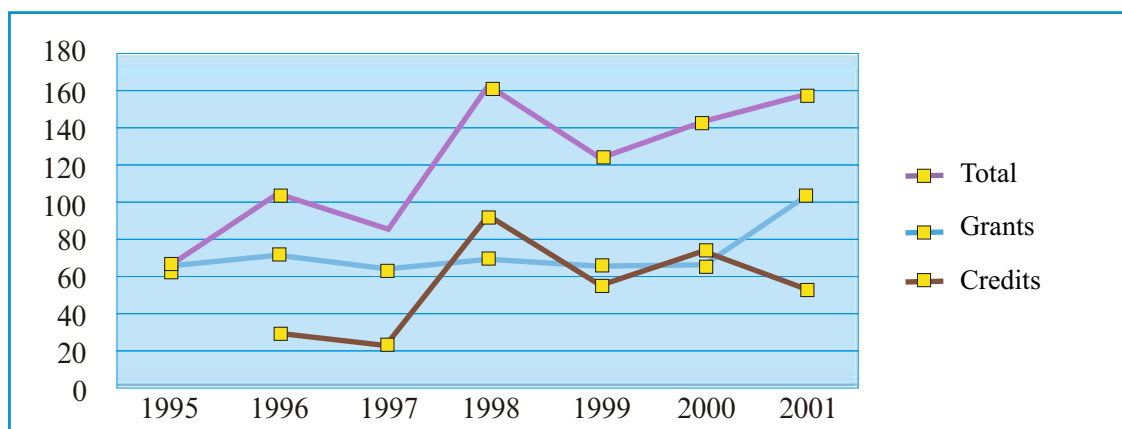


Tajikistan, like all countries in economic transition, is experiencing a shortage of resources. International assistance in the form of grants and credits and domestic borrowing partially cover this shortage. “Developing a global partnership for development” has become the new paradigm for the international community's support to countries in transition. The Monterrey Conference on Financing for Development and the Johannesburg World Summit on Sustainable Development underscored the worldwide commitment to comprehensive cooperation.

As for Tajikistan, international support played a vital role in the country's recovery from its severe crisis. Support has come in the form of grants and loans, from governments and multilateral organisations, as well as NGOs. The OECD reported that in 2001, official assistance consisted of USD 56.9 million in loans and USD 102.3 in grants. Figure 21 shows the evolution of ODA between 1995 and 2001.

Through most of the 1990s, international assistance to Tajikistan consisted mostly of humanitarian aid. From 1998 onwards, the trend has been towards a gradual reduction of programmes of humanitarian assistance and an increase in long-term programmes for sustainable development. However, the 2000-2001 drought brought renewed emergency assistance.

**Figure 21. Official Development Assistance (million USD, 1995-2001)**



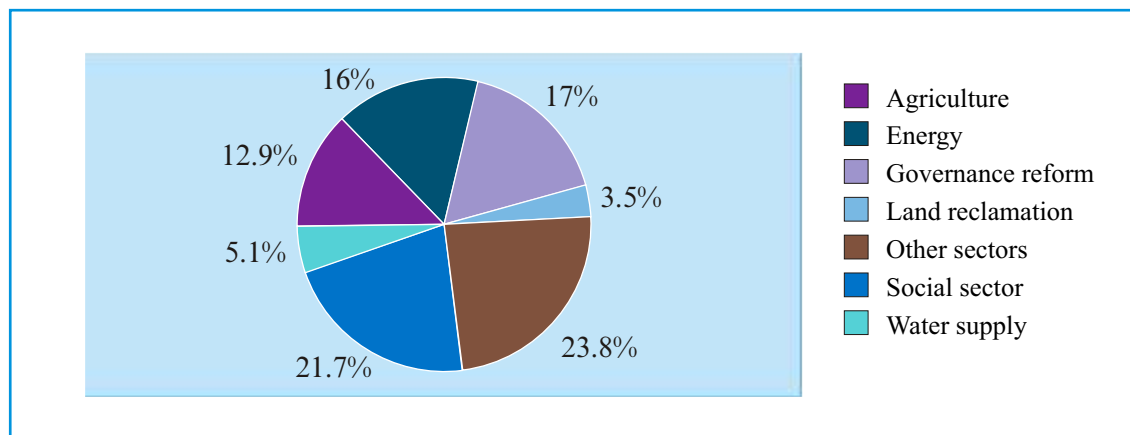
Source: OECD

Since 2000, long-term programmes have become more diverse and the level of assistance has grown significantly. According to the Government's Aid Coordination Unit, official assistance to Tajikistan in 2002 amounted to USD 205.4 million, an increase of USD 46.2 million over the previous year. Of this, loans amounted to 35% and grants to 65%.

The large number of programmes in education, health care, and poverty reduction implemented through donor contributions show that donors consider the social sector to be one of the top priorities. The contributions for the social sector amount to 21.7% of total assistance. Governance reform takes second place with 17%, while some 16% go to the energy sector. Just under 13% of resources are directed to the development of agriculture.



**Figure 22. Donor Investment by Sector**



Source: Aid Coordination Unit

To better understand and monitor external assistance, the Government's Aid Coordination Unit, with the support of the Asian Development Bank, is preparing a comprehensive study, due to be released at the end of April 2003.

## TARGET 13

### **DEAL COMPREHENSIVELY WITH THE DEBT PROBLEMS OF DEVELOPING COUNTRIES THROUGH NATIONAL AND INTERNATIONAL MEASURES IN ORDER TO MAKE DEBT SUSTAINABLE IN THE LONG TERM**

Tajikistan's lack of resources and the large external debt burden severely restricts its chances of achieving adequate economic growth and thus makes it very difficult to attain the Millennium Development Goals.

In 2001, external debt was just over USD 1 billion. One year later, in 2002, debt had declined slightly to USD 984 million.

The Government is continuing efforts to reduce the external debt burden and has produced a strategy for debt restructuring. Its four key components are: (1) effective management and monitoring of debt; (2) expansion of budgetary reform; (3) bilateral renegotiation of debts; and (4) setting limits for government investment with external financing, taking into account that project implementation capacity is low. Restructuring will be carried out on a bilateral basis rather than through the Paris Club.

In 2002, debt restructuring was undertaken with the following creditors:

- Kazakhstan: USD 18.28 million credit restructured over a 15-year period;
- Uzbekistan: USD 23.2 million restructured;
- Russian Federation: USD 299.67 million credit restructured for 17-year period (2002-2018);
- Belarus: USD 0.64 million restructured over a 13-year period;
- Iran: USD 3.89 million credit restructured over a 12.5-year period.

## TARGET 14

### DEVELOP AND IMPLEMENT STRATEGIES FOR DECENT AND PRODUCTIVE WORK FOR YOUTH

About 53% of the population, or 3,390,000 people, constitute the labour pool. While the official level of unemployment is 3% (though it rises to 11% when 'hidden unemployment' is factored in), the World Bank estimates it at 33%.

Official statistics do not reflect the actual level of unemployment, as they include only the number of officially registered unemployed. Of the total officially unemployed, women constitute 54.9% (25,700) and youth (ages 15-29) constitute 64.3% (30,100).

Individuals with no professional training or who have lost their skills due to long periods of unemployment represent a significant proportion of the unemployed. Of those out of work, 81.4% have secondary education or less. Disaggregated by region, the absolute number of unemployed was highest in GBAO, which is particularly striking as this region is home to just 3.3% of the total population.

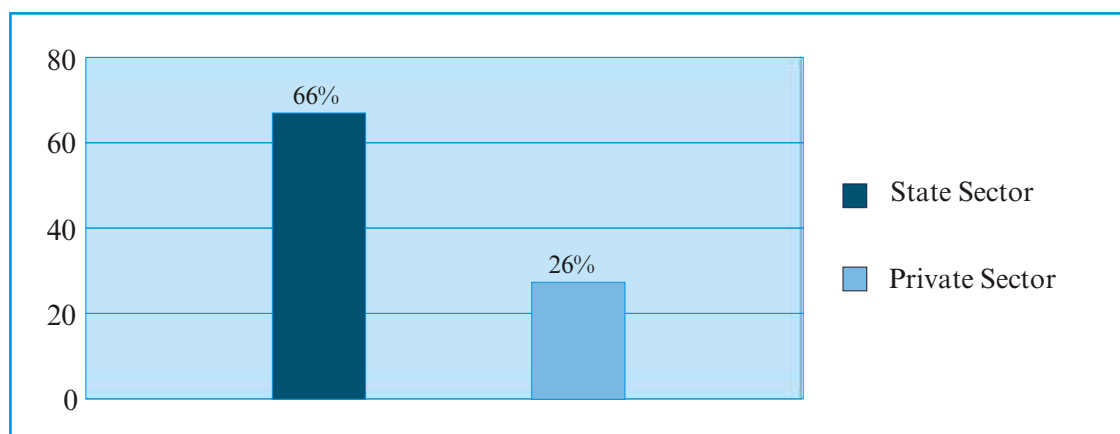
Labour migration abroad is significant. The MLSP estimated that in 2002, more than 210,000 persons left Tajikistan for work abroad. Of these, more than 85% went to the Russian Federation; 62% of them were between 18 and 29 years old. In its comprehensive evaluation, the IOM estimates the number of labour migrants at close to 500,000.

## TARGET 15

### IN COOPERATION WITH PHARMACEUTICAL COMPANIES, PROVIDE ACCESS TO AFFORDABLE, ESSENTIAL DRUGS

While at present there is no detailed information on the proportion of the population with access to essential drugs, WHO noted in 1999 that access was inadequate.

**Figure 23. Access to Affordable Essential Drugs**



Source: WHO

There is no mechanism for providing basic drugs to the most vulnerable groups. Essential drugs have not yet become available through the private sector (let alone at affordable prices) and state expenditures on drugs amounted to only USD 0.29 per capita in 1999.

The development of a local pharmaceutical industry is envisaged in the 2002 Public Health Reform Paper, which could improve the supply of and access to essential drugs to some extent.

## TARGET 16

### IN COOPERATION WITH THE PRIVATE SECTOR, MAKE AVAILABLE THE BENEFITS OF NEW TECHNOLOGIES, ESPECIALLY INFORMATION AND COMMUNICATIONS

At 3.5 telephones per 100 persons, Tajikistan has the weakest telecommunications sector and the lowest density of telephone lines per person among CIS countries. This figure drops to 0.6 telephones per 100 in rural areas.

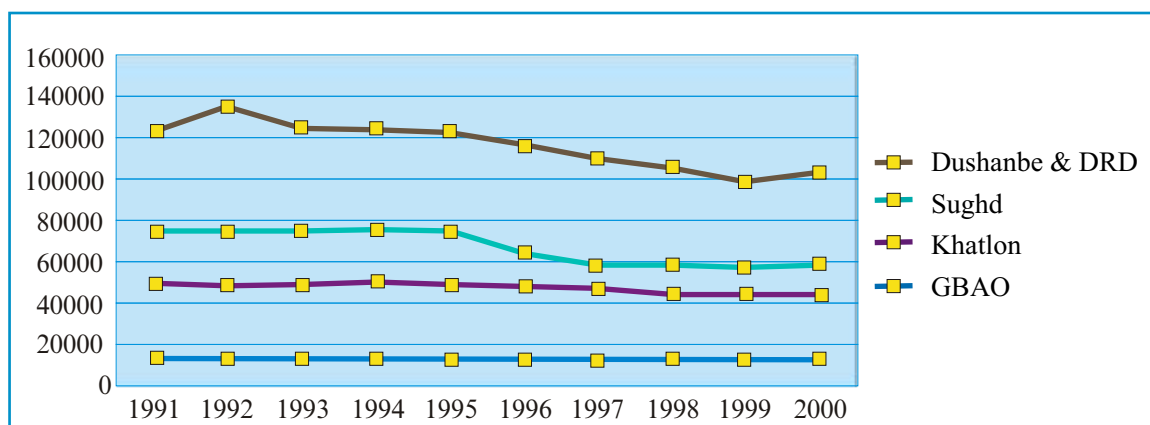
**Table 8. Telecommunications**

IT Services	Quantity	Density per 100 residents
Land line telephones	218,516 telephones	3.5 phones
Cellular phones	10,000 subscribers	0.15 cell phones
Internet	12,000 users	0.18 internet access points

Source: Ministry of Communications, 2002

Several factors limit access to information. Tajikistan's inheritance of outdated technology made for a poor starting point at independence, with a proportion of telecommunications equipment now obsolete and worthless. The civil war had a negative impact on the physical infrastructure, and inadequate funding for the repair of existing infrastructure has slowed the transition to digital technology. Figure 24 shows the great regional disparities in access to landline telephones.

**Figure 24. Quantity of Landline Telephones, by Region, 1991 - 2000**



Source: UNDP Human Development Report 2002

This still does not reflect the entire picture. Exacerbating the shortfalls in terms of quantity, the quality of landlines is poor, with many delays and interferences. Many intercity connections require codes that often do not work, or can be established only through an operator. The World Bank estimated that service failures occur 145 times a year for every 100 functioning lines.

Of the 218,516 telephone landlines, 73% are analogue, i. e. digital lines comprise only 27%. The more profitable lines, generating 70% of sector revenues and comprising 20% of all telephone lines, are allocated to government offices, private companies, and international organisations.

Telephone charges also need to be reformed. Residential phones cost USD 0.25 per month, while organisations pay USD 1.70. Actual operating costs are much higher, at USD 7-8 per month. The low rate for local calls is subsidised by the high cost of international calls, which cost USD 4 per minute. As a consequence, few international calls are placed.

In 1999, some 48,000 residences were waiting to have a phone installed; the average waiting time is 3.6 years. Although attention is often called to the needs of the poor, private companies are also forced to wait for phones.

**Table 9. Landline Telephones by Region, 2002**

Regions	Size of Population			Number of Telephones			Number of Telephones per 100 persons		
	City	Village	Total	City	Village	Total	City	Village	Total
DRD	180,600	1,221,100	1,401,700	24,886	5,452	30,338	12.9	0.8	2.3
Dushanbe	589,400	0	589,400	72,714	0	72,714	14.4	0	14.4
GBAO	28,000	182,700	210,700	4,226	5,952	10,178	15.7	3.3	4.9
Khatlon	387,600	1,855,900	2,243,500	37,687	8,268	45,955	9.3	0.5	2.1
Sughd	504,900	1,425,300	1,930,200	50,393	8,938	59,331	9.0	0.8	3.1
Total	1,690,500	4,685,000	6,375,500	186,906	28,610	218,516	11.3	0.8	3.6
	26.5%	73.5%	100%	85.5%	14.5%	100%			

Source: UNDP Human Development Report 2002

The inequitable distribution between cities and rural areas should be addressed. The introduction of new technology, combined with the collapse of old technology, may exacerbate these existing inequalities, as investment does not generally reach rural areas. Urban residents, comprising 26.5% of the population, receive 85% of the telephone lines. One third of all phone lines are in Dushanbe, where 9.2% of the population resides. In the majority of rural areas, less than 1% of the population has access to telecommunications infrastructure. In mountainous regions, including GBAO, the infrastructure is even worse. Despite Tajiktelecom's efforts to establish a DAMA satellite network using VSAT technology in DRD, GBAO, Khatlon, and Sughd, access to information in rural areas remains limited. If appropriate measures are not taken immediately, the current low access levels will decrease even further.

### *Supporting Tajikistan's economic recovery*

The key to solving Tajikistan's problems is sustainable economic growth, based on a truly integrated economy. This would mean not just to expand production capacity, but also to build a broad service infrastructure, including financial services, a skilled labour force, functioning telecommunication and transport networks, and up-to-date information on the markets, free of interference and outdated regulatory constraints.

By allowing market mechanisms to gain full hold, expanding these services will not only boost the country's output, but will produce positive spill-over effects. Labour-intensive services and processing will also help create employment opportunities. Only thus can poverty be reduced and living standards be raised by attaining sustainable economic growth.

However, attaining sustainable growth and development requires investment. Tajikistan lacks the investment resources to achieve robust economic growth. Efforts to develop financial markets, establish new financial institutions such as pension and investment funds and to strengthen institutional and financial support for small and medium enterprises are therefore being stepped up.

Investment in infrastructure generally requires large amounts of capital, and full financing from the state budget would be difficult. Private investors and international institutions should be encouraged to invest. Greater investor trust can be fostered through sound macroeconomic policies directed at price stability, fiscal discipline and a sustainable balance of payments.

Economic reform depends on broad-based international assistance. First, international assistance should target the strengthening of state institutions, to create an enabling, stable, and transparent environment for commercial activities, including foreign investment. This should include improving the system of governance, reform of the budgetary system, privatisation and post-privatisation assistance, development of the private sector, creation of employment opportunities, and improving legal frameworks.



















Technical assistance, with wide participation of international experts, is necessary for the formulation, creation, and effective functioning of such institutions. The international financial institutions (IFIs) should play a key role in this task, as they have wide experience in the establishment of institutions. The European Union and its TACIS programme along with UN agencies also have an important role to play. Finally, technical assistance is indispensable to improve overall management and implementation, and to reduce government and administrative interference, which has hampered the growth of new businesses.





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# Summary of progress towards the Millennium Development Goals

GOALS/TARGETS	WILL THE GOAL/TARGET BE MET?			STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	Strong	Fair	Weak but improving	Weak
<b>MDG 1.1 EXTREME POVERTY</b> <i>Halve, by 2015, the proportion of people living in poverty</i>							
<b>1.2 HUNGER</b> <i>Halve, by 2015, the proportion of people who suffer from hunger</i>							
<b>MDG 2 UNIVERSAL PRIMARY EDUCATION</b> <i>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</i>							
<b>MDG 3 GENDER EQUALITY</b> <i>Eliminate gender disparity in primary and secondary education by 2005 and at all levels of education no later than 2015</i>							
<b>MDG 4 CHILD MORTALITY</b> <i>Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</i>							
<b>MDG 5 MATERNAL HEALTH</b> <i>Reduce the maternal mortality ratio by three quarters by 2015</i>							
<b>MDG 6.1 HIV/AIDS</b> <i>Have halted by 2015, and begun to reverse, the spread of HIV/AIDS</i>							
<b>MDG 6.2 MALARIA</b> <i>Have halted and begun to reverse, by 2015, the incidence of malaria and other diseases and reduce morbidity rates</i>							
<b>MDG 7.1 ENVIRONMENTAL SUSTAINABILITY</b> <i>Integrate the principles of sustainable development into country policies and reverse the loss of environmental resources</i>							
<b>MDG 7.2 BASIC AMENITIES</b> <i>Halve, by 2015, the proportion of people without sustainable access to safe drinking water; and achieved a significant improvement in the lives of slum dwellers</i>			