



TAJKISTAN

Amsterdam

25-29 November 2008



General Information

Independence Day: 9 September 1991

Territory: 143.100км2, 93% of territory – mountains,
11% - plough-land, **borders** with Afghanistan, Uzbekistan,
Kyrgyzstan and China

Climate: Continental, dry with hot summers and cold winters

Population: 7.2 mln

- Rural population – 27%
- Urban population – 73%
- Youth (0-19 age) – 52%
- Growth rate – 2.0%

Poverty level – 64%



Human Development Indicators

Life span – 68,2 (2003.);

Birth rate – 3,9 child/woman;

Infant mortality (up to 5 years old) – 118-124 per 1000
live births

Maternal mortality – 50,6 per 100.000
live births

Admission at educational institutions

All levels – 58,4% in the age of 6-23 (2004.)

Human development index – 0,671 (116 out of 177)



TAJIK FAMILY PLANNING ALLIANCE

Tajik Family Planning Alliance is a republican, voluntary, self-governed, non-commercial, public union protecting sexual and reproductive rights of people declared all over the world as a fundamental and valuable part of human life.



ТАПС получила полноправное членство IPPF EN в 2008 году. Работает в области РЗ и ПС с 2002 года и является лидером среди местных НПО в Таджикистане.

TFPA Mission



Tajik Family Planning Alliance (TFPA) unites people, who strive for realisation of the rights of all women, men and young people to make free and informed choices about their own sexual and reproductive health and other basic human rights.

Advocacy
Access
AIDS
Adolescents
Abortion

TFPA Strategic Goals

- ACCESS TO RIGHTS, INFORMATION AND SERVICES
- SAFE MOTHERHOOD AND CHILDHOOD
- SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF YOUNG PEOPLE
- ADVOCACY FOR SRHR POLICY
- CAPACITIES FOR SUSTAINIBILITY



PROJECT

“Services to the people:
safe motherhood and
promotion of SRHR in rural
areas of Kazakhstan,
Kyrgyzstan and Tajikistan”.

Implementation terms:

January 2006

-

December 2009

Project Goal:

*Support to decrease of
maternal and child mortality
in Central Asia*



Pilot project area – Shahrinav district

Founded –

January 29, 1932

Population –

92,680, 98,8% of them are tajiks,
0,3% - uzbeks and 0,9% - russians.

Total area –

136 sq. km

Target jamoats – Kadichuibor, Shahrinav, and Chuzi

Number of births – 2,000-2,300 per year

Medical personnel includes:

- Obstetrician-gynecologists – 15
- Neonatologist – 1
- Obstetricians – 46
- Nurses - 265



Why is Shahrinav?



- Non-staffing of obstetrician personnel;
- Senior medical staff did not have qualified training courses for 17 years;
- Medical staff apply delivery not used in the world practice;
- Close location to the capital and possibility of regular monitoring and evaluation within the project provided by national experts;
- Lack of emergency medical service;
- Poor public awareness of safe motherhood and childhood issues;
- High level of maternal and child mortality;
- During 15 years no projects were implemented targeted at reducing maternal mortality rate and improvement of quality services in reproductive health and family planning issues.

Project Components



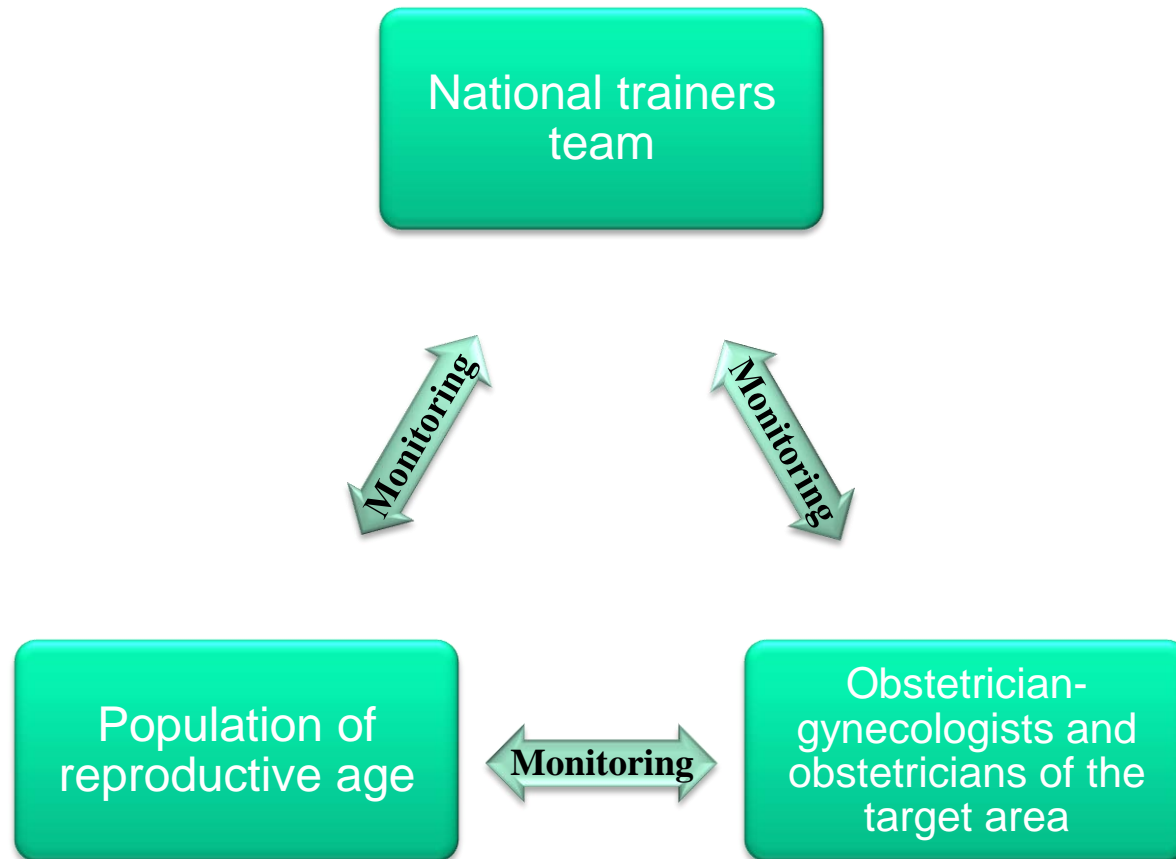
1. **Training;**
2. **Rehabilitation of medical institutions;**
3. **Initiation of courses for preparation to deliveries;**
4. **Advocacy.**

Project Components

1. Training

- 3 national and 6 local trainings were conducted
- National trainers team of 7 members was established
- Medical personnel – 25 people
 - 4 Obstetrician-gynecologists
 - 2 neonatologists
 - 19 obstetricians
 - 20 people had courses for preparation to deliveries, 10 people of them are local women and activists
- 20 outreach workers were trained.

Interaction between national trainers team and local service providers



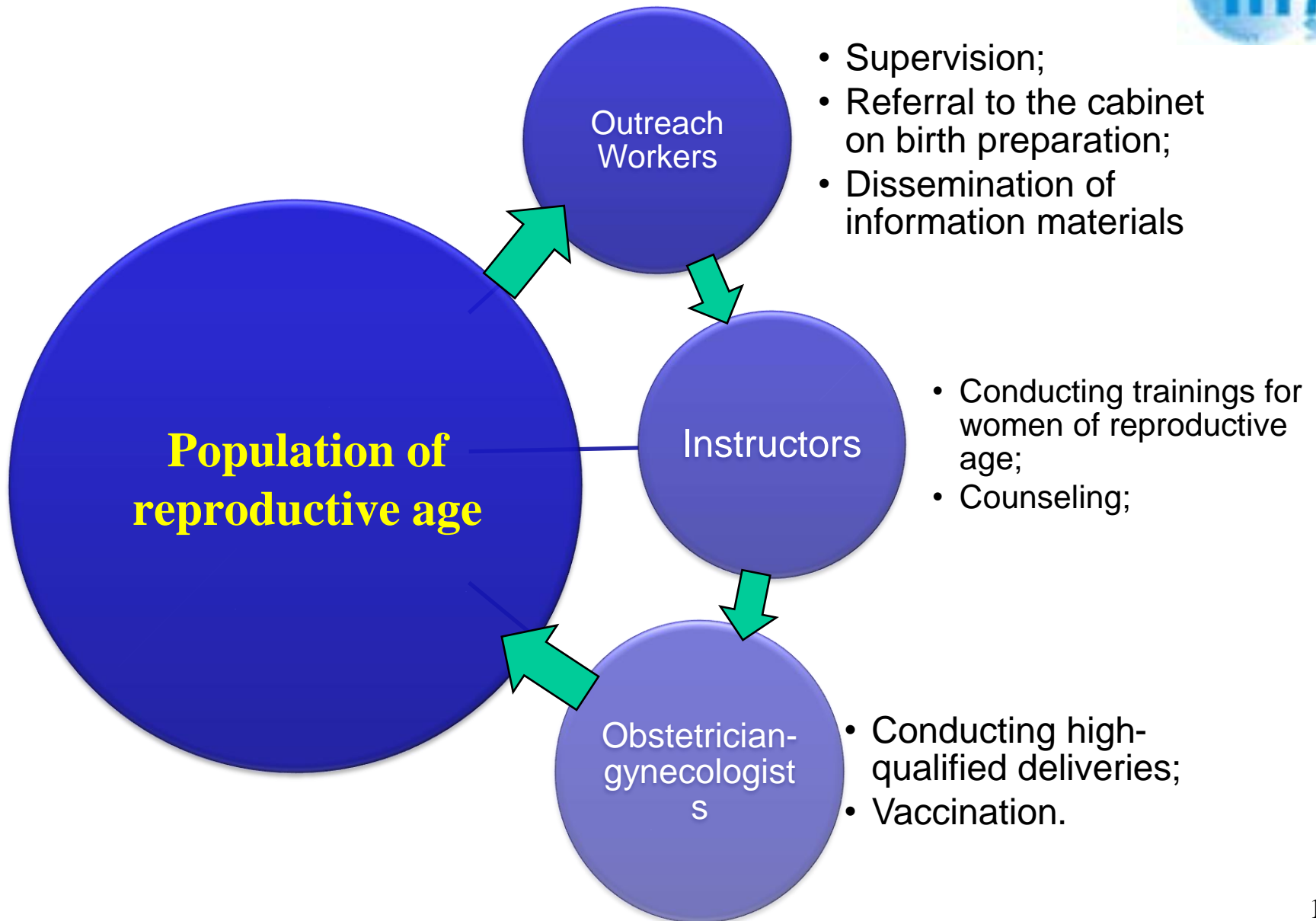
2. Rehabilitation of medical institutions

- Total reconstruction of delivery section of the Central District Hospital, Shahrinav conducted;
- Delivery section fully equipped with support of project partners;
- 3 rooms for courses of preparation to deliveries reconstructed and equipped in settlements Kadichuiber, Shahrinav and Chuzi.

Project Components

3. Initiation of courses for preparation to deliveries;

- In 2007 courses for preparation to deliveries were initiated in three target settlements – Kadichuibor, Shahrinav and Chuzi with population number over 10,000 people;
- 20 people were trained – 6 of them are instructors;
- Until currently during a year based on monitoring results 488 women passed the courses and over 600 obtained information on SRH and FP issues.



Project components



4. Advocacy

- Project involves local governmental and international organizations;
- District governance office allocated over 10,000 USD for repair and reconstruction of CDH;
- UNICEF provided medical equipment costing 80,000 USD;
- During 2007-2008 the Ministry of Health, Tajikistan and national experts developed and approved a new Regulation on delivery institutions;
- MOH, Tajikistan also developed clinical protocols and approved in 2008 clinical protocols on physiological deliveries.
- Radio programs airing through national radio stations.

SUMMARY



- Reform on health system requires involvement of all civil society groups;
- Without advocacy and information campaigns it seems not possible to reach effective implementation of projects targeted at sector's reform;
- It is required while implementing national projects fully apply local resources and capacity;
- Provide possibility to the community to identify and choose its own way in addressing their own problems;
- Establish the interaction model between medical institutions and population to be sustainable after the project completion;
- Create a model of reform of health system, which the government will admit and spread throughout the country.



Before reconstruction



After reconstruction



After reconstruction





The one who is good to others, makes most of all goods to himself - not in the sense that he will receive the award for it, but that the consciousness of making the good to others is the biggest pleasure

SENEKA