

The UN COVID-19 Response and Recovery Multi-Partner Trust Fund (UN COVID-19 MPTF)

Proposal Title: Strengthening health system in Tajikistan to prepare and respond to COVID-19

Amount: USD 1,000,000

I. Immediate Socio-Economic Response to COVID19

Tajikistan is a land-locked country bordering China. With 93 percent of terrain mountainous, Tajikistan has a population of 9.1 million. Although the country has been recording high economic growth, averaging 7.7 percent annually, at USD 3,061 (2011 PPP), Tajikistan still has the lowest GDP per capita in the Europe and Central Asia region.

On December 31, 2019, the World Health Organization (WHO) was alerted to a cluster of unusual cases of pneumonia in Wuhan City, Hubei Province of China. A week later, on the January 7, 2020, Chinese authorities confirmed that they had identified a novel coronavirus as the cause of pneumonia. Now widely referred as the COVID-19, WHO declared the outbreak of virus as a global public health emergency in late January, and subsequently a global pandemic in March. As of May 11, the virus had spread to 212 countries worldwide.

On April 30th, the Government of Tajikistan (GoT) confirmed its first 15 cases of COVID-19. Since then the cases have risen rapidly reaching 801 including 23 deaths. It is likely that the actual number of infections much higher. Hospitals and paramedics are already overwhelmed with the influx of patients. There have been reports that hospitals had to refuse some patients due to lack of hospital beds and medical supplies.

Tajikistan's health system faces long-standing challenges and therefore is extremely vulnerable to a COVID-19 pandemic. The health system is in a period of reform and transition from the *Semashko* system inherited from the former Soviet Union, but progress has been slow. The health sector is underfunded, there are overlapping functions of state institutions, widespread fragmentation, and a highly centralized management which is heavily hospital-based. Tajikistan's health care system is tax financed, with the government being the primary purchaser of health services and little to no risk pooling.

Recognizing all the above challenges, the Government of Tajikistan has begun to implement several measures to prepare for a potential coronavirus outbreak which include:

- Establishing an Inter-Agency Standing Committee on COVID-19 preparedness and response (Standing Committee) chaired by the Prime Minister
- Developed a national action plan for COVID19 response with support from all the development partners in various sectors (Health, Education, Migration and Social protection)

- Closure of borders and airports except for international cargo and humanitarian interventions
- Prepared and assigned 14 facilities (healthcare facilities and a sanatorium) to host quarantined and suspected cases
- Imported test kits from the Russian Federation and China to conduct testing for anyone showing COVID-19 symptoms
- Designated the National Public Health Laboratory as a reference laboratory for COVID-19 testing and equipped it with diagnostic equipment and staffed by WHO-trained technicians

II. Solutions proposed

Procurement of essential equipment and supplies

To support national preparedness for a surge in patients in the likely scenario of COVID-19 spreading among the population, UNICEF in consultation with the Ministry of Health and Social Protection of Population (MOHSPP) agreed to procure 10 types of pharmaceutical medicines and distribute them among 35 hospitals around Tajikistan. These medicines will cover the needs of 12,500 critically ill patients and improve their chances of recovery. The following medicines will be procured:

1. Oseltamivir (Tamiflu) 75 mg
2. Oseltamivir (Tamiflu) 30 mg/5ml
3. Lopinavir 200mg+ritonover
4. Ceftriaxone 1g
5. Azithromycin 500mg, 250 mg
6. Azithromycin 200mg/5ml, syrup
7. Chloroquine (Delagil) 250mg
8. Sodium chloride 0.9%, 500 ml
9. Ringer-lactate solution, 500 ml
10. Dextrose (Glucose) 5%, 500ml

To increase Tajikistan's intensive care unit (ICU) capacity and ability to respond to a surge in patients requiring hospitalization and assisted breathing, UNICEF will procure and distribute equipment including Breathing and Respiratory Equipment (BRE). This will ensure improve the likelihood of survival for 50 patients a month. In the event COVID-19 does not spread in Tajikistan, these investments can be repurposed for ICU capacity in the pediatric, neonatal, and other wards.

- Artificial lung ventilation apparatuses
- Patient monitors
- Oxygen Concentrators
- Analyzers for determining acid-base balance
- Oxygen stations
- Surgical suction aspirators
- Defibrillators
- Endotracheal tubes
- Laryngoscopes

To improve Tajikistan's ability to respond to COVID-19 and as part of the process of procuring and providing essential infection prevention supplies, UNICEF will develop a final list and a distribution plan jointly with the MoHSPP. The items listed above might be changed slightly depending on the COVID19 situation and priority needs. These supplies will be purchased based on established government standards and needs and then handed over to the MoHSPP.

Capacity building and communication for healthcare workers

To reduce demand on existing services and direct patient contact in non-urgent situations, and to prepare for a potential nationwide lockdown, UNFPA proposes to train 80 reproductive health (RH) service providers to provide consultation services remotely.

In a partial or total lockdown, it will not be possible to provide services in RH services in person. UNFPA proposes to provide mobile and internet support in four regions in Tajikistan to ensure that RH services can continue to operate.

To reduce the risk of infection among mothers and children in maternity hospitals and reproductive health centers nationwide, 80 frontline health workers will be trained on COVID-19 hygiene and infection control and to provide RH/FP services for pregnant women, women in labour and delivery, and lactating women as well as young girls.

It is critically important that if COVID-19 spreads, mental health and psychosocial support should be available to pregnant women. To ensure this, UNFPA will support the training of primary health care professionals on mental health and essential psychosocial care principles, psychological first aid and referrals, when needed. including remote modalities for service delivery, case management and psycho-social support.

UNFPA will provide technical support to the MoHSPP to develop brochures and informational material including public health messages accurate scientific recommendations on preventing the spread of COVID-19 that will benefit 250,000 women of reproductive age across the country.

III. What is the specific need/problem the intervention seeks to address?

Tajikistan's weak healthcare system, lack of BRE equipment, and limited pharmaceutical supplies, and weak capacity makes it very vulnerable to a COVID-19 outbreak. A shortage of critical supplies will limit access to essential care and have a direct impact on healthcare delivery. Even for well-prepared hospitals in high income nations, coping with a COVID-19 outbreak has been at times almost unmanageable.

To ensure proper equipment, pharmaceutical supplies, and support frontline healthcare workers, the surge capacity of ICUs in Tajikistan needs to be expanded. In Italy that has 5,200 ICU beds (86 per 100,000 against roughly 65 per 100,000 in Tajikistan), the shortage of beds has already overwhelmed the ICU system. Currently in Tajikistan, 500 ICU beds (defined as beds appropriately staffed and with functioning ventilators) exist.

Although these can be mobilized, they would need to be relocated from the maternity wards, surgeries, and other units. Assuming there is an outbreak, the limited ICU capacity, challenges

posed by uneven distribution of beds, and of transporting COVID-19 patients requiring respiratory support will put the health system under great stress.

As no vaccine, antiviral drug, or other specific treatment is available for COVID-19, support is needed to manage serious cases. Breathing and Respiratory Equipment (BRE) including supportive pharmaceutical drugs are critical for saving lives of people suffering from severe acute respiratory infection as a result of COVID-19. In Tajikistan there is a shortage of supportive medicines and their distribution/availability is unequal nationwide.

Furthermore, the unpredictable quality and accessibility of pharmaceutical supplies, exacerbated by the outbreak itself, further compounds the problem. In case COVID-19 spreads in the population, the number of patients requiring medication for managing symptoms will increase dramatically. If not addressed, the heightened demand for medication combined with a lack of BRE equipment will result in a higher mortality rate.

While responding to public health emergencies, often governments tend to divert human and financial resources from various health programs. In particular, this can affect women to access safe birth services, antenatal and postnatal care, access to contraception and screening tests. This, in turn, can lead to a rise in maternal and newborn mortality, increased unmet needs for family planning, and an increased number of unsafe abortions and sexually transmitted infections.

In addition, it has been observed that lockdown can put women and girls at higher risk of intimate partner violence and other forms of violence. Frontline healthcare workers - most of whom are women - are especially vulnerable to experiencing psychological trauma and abuse as demands on healthcare services rise. As systems that protect women and girls may weaken or break down, specific measures should be implemented to protect them from COVID-19 related risks.

These factors highlight the need for urgent assistance to the Government of Tajikistan to procure BRE equipment and essential medications while ensuring the continuation of healthcare for women and girls and upscaling remote psychological health services. In some countries, a doubling of case rates every three days has been observed; hence, to decrease the overall mortality rate and reduce the overall negative impact on girls and women, there is a dire need to increase the availability of these resources and services in Tajikistan. As the infection has not spread in Tajikistan, there is still time to augment capacities and supplies so that the country can respond more effectively, if and when needed.

IV. How does this collaborative programme solve the challenge? Please describe your theory of change.

Considering the country context, and to enhance the readiness of health facilities to cope with the challenges of the outbreak, UNICEF is proposing to assist the Government of Tajikistan in its efforts to respond to a potential COVID-19 outbreak by procuring equipment and essential pharmaceutical supplies. If BRE equipment is available and utilized effectively, this will save lives, lower mortality rates, and, in turn, reduce the overall strain on hospital resources nationwide.

To improve Tajikistan's ability to respond to COVID-19 and as part of the process of procuring and providing essential infection prevention supplies, UNICEF will develop a procurement list

and a distribution plan jointly with the MoHSPP, procure essential supplies based on established government standards and needs, and handover these supplies to the MoHSPP.

In collaboration with national partners, UNFPA will support the health system to provide preventive and curative sexual and reproductive health and gender-based violence (GBV) prevention services to women, especially pregnant women, young people and survivors of GBV impacted by the pandemic. UNFPA's support includes recruitment and training of national health staff and other caregivers on alternative SRH and GBV prevention services and updating GBV referral pathways to reflect changes in available care facilities, prioritized access to pregnant women for health care, including sexual and reproductive health care, and their well-being and protection, and provision of psychosocial support.

UNFPA will ensure appropriate national standards and protocols based on WHO and UNFPA technical briefs and guidelines on COVID-19 and SRH (maternal health, antenatal care, family planning) and Infection Prevention and Control (IPC). Moreover, UNFPA will support in the prevention of complications among pregnant women, those who have had miscarriages, and are postpartum/ post-abortion. UNFPA will collaborate with other UN Agencies and line ministries to provide accurate information on infection precautions, potential risks and how to seek timely medical care to women of reproductive age including pregnant women.

V. Documentation

In late February, UN Country Team established an interagency working group on preparedness and response under the UN Resident Coordinator. UN COVID-19 Country Team (UN CCT) has put forward three streams of work:

- UN Support to country preparedness and response led by WHO
- UN Internal preparedness and support to staff lead by WFP
- Communications lead by UNICEF with the support from RCO

UN RC has tasked each agency to support development of the UNCT Contingency Plan. The draft for this plan has been submitted and is being finalized. In the meantime, UN RCO publishes weekly [COVID19 Flash updates](#) posted for internal and external audiences.

As part of the country preparedness and response program, WHO in coordination with the MoHSPP conducted in March a multi stakeholder technical workshop to develop a Country COVID Response Plan that comprises ten response pillars for the country.

1. Country-level coordination;
2. Risk communication and community engagement;
3. Surveillance;
4. Points of entry;
5. Case investigation and rapid response;
6. National laboratory system;
7. Infection prevention and control;
8. Case management;
9. Multi-sectoral action to mitigate social and economic consequences;
10. Logistics and supply management

WHO Tajikistan is in the process of rolling out a Partners Platform aimed to be finalized by the beginning of May. The COVID-19 National Plan will be uploaded on Partners Platform in due course.

VI. Target population

The proposed actions will support the “national COVID-19 preparedness and response plan” developed by MoHSP with a focus on the following priorities:

- Infection prevention and control
- Case management;
- Logistics and supply management

UNICEF estimates that the medical equipment and pharmaceutical medicines will improve the chances of survival for over 12,500 people across Tajikistan who have tested positive for COVID-19 and have severe respiratory symptoms. This equipment will continue to support patients in ICUs in various hospitals following the COVID-19 crisis.

Additionally, the component of the project led by UNFPA will focus on building the capacities of 80 health workers working in reproductive maternity hospitals service providers on (i) infection control, (ii) maintain the provision of RH/FP services for pregnant women, women in labour and delivery, and lactating women as well as young girls remotely and in the COVID-19 context. In addition, 250,000 women of reproductive age across the country will be provided with informational material on COVID-19 and on sexual and reproductive health.

VII. Who will deliver this solution?

UNICEF’s comparative advantage

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children’s and women’s rights, help meet their basic needs and expand their opportunities to reach their full potential. Guided by the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of Discrimination against Women (CEDAW), UNICEF strives to establish children’s rights as enduring ethical principles and international standards of behavior towards children.

UNICEF began its work in Tajikistan in 1993 shortly after the independence of Tajikistan. Over the last two decades, UNICEF has been working closely with the Government of Tajikistan, development partners, civil society and communities, to give equal and equitable opportunities to all children, particularly the most vulnerable, to survive, thrive and unlock their potential at every life stage.

UNICEF will procure the medical supplies and equipment locally and offshore. UNICEF Supply Division in Copenhagen will help in the offshore procurement. It is considered as the largest humanitarian warehouse in the world. It is providing support to 43 countries across the globe with procurement and logistical services of essential supplies needed to tackle COVID-19.

UNICEF has a vast global network of prequalified and open market suppliers and an established extensive catalogue of supply items including for COVID-19 at globally competitive prices. UNICEF Tajikistan supply team is well equipped to receive the shipment, handle all the necessary logistical procedures and formally handover the procured supplies to the MoHSPP.

The areas of intervention proposed above are also in line with UNICEF Tajikistan's comparative advantage in the country. The main partners will be MoHSPP, the Sanitary and Epidemiological Center, the RHLC (state body responsible for community engagement and mobilization related to health) and the Republican Centre of the Family Medicine.

UNICEF will work closely with the MoHSPP and the WHO to (i) maintain an up-to-date tracking sheet on COVID-19 supplies handed over to the MoHSPP as well as the delivery of these supplies to the final destination; (ii) ensure that the MoHSPP maintains a registry of these supplies stored in their warehouse facilities and their proper distribution. In addition, UNICEF in consultation with the MoHSPP will be conducting monitoring checks in the health facilities.

UNFPA's comparative advantage

UNFPA is the United Nations sexual and reproductive health agency with its mission to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The agency calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services – including voluntary family planning, maternal health care and comprehensive sexuality education.

UNFPA works to prevent and respond to GBV through its work with policymakers, justice systems, health systems and humanitarian partners. UNFPA also focuses on eliminating harmful practices, including FGM and child marriage, and helps to engage men and boys to advance gender equality.

UNFPA in Tajikistan has 25 years of experience working hand-in-hand with the GoT, particularly the MoHSPP, to achieve universal access to sexual and reproductive health and rights and to improve access to quality health and psychosocial services to survivors of violence, to strengthen multi-sectoral response to gender based violence, introduce innovative approaches to respond to GBV and work with national systems to ensure strengthened demographic data.

UNFPA will work closely with WHO to ensure 1) compliance with WHO guidelines, good practices and expert advice based on the latest scientific evidence 2) services revert to WHO specific recommendations on SRH (maternal health, antenatal care, family planning). UNFPA will work closely with MoHSPP and provide its expertise through joint field monitoring combined with on-site mentoring which ensures recommendations are implemented promptly.

Cover Page

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|------------------------------|--|
| Contacts | <p> Sezin Sinanoglu sezin.sinanoglu@un.org UN Resident Coordinator +992 98 9999700 </p> <p> Zainab Al-Azzawi zalazzawi@unicef.org UNICEF, Deputy Representative, +992 93 9998902 </p> <p> Nargis Rakhimova nrakhimova@unfpa.org UNFPA, Head of Office a.i. +992 907504001 </p> |
| Description | <p>To strengthen the capacity of the Ministry of Health and Social Protection of the Population (MoHSPP) of the Republic of Tajikistan to provide people-centered care to patients, including pregnant women in the likely scenario of COVID_19 outbreak</p> |
| Universal Markers | <p> Gender Marker: <i>(bold the selected; pls select one only)</i> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) Make a significant contribution to gender equality and/or the empowerment of women and girls; c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls. </p> |
| Fund Specific Markers | <p> Human Rights Based Approach to COVID-19 Response <i>(bold the selected):</i> Yes/No Considered OHCHR guidance in proposal development UN OHCHR COVID19 Guidance </p> <hr/> <p> Fund Windows <i>(bold the selected; pls select one only)</i> Window 1: Enable Governments and Communities to Tackle the Emergency Window 2: Reduce Social Impact and Promote Economic Response </p> |
| Geographical Scope | <p> Regions: Nationwide Country: Tajikistan </p> |

| Recipient UN Organizations | UNICEF Tajikistan (\$932,000) UNFPA Tajikistan (\$68,000) | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|---------------|---|---------------|-----------------|-------------------------|--------|-----------|---|-------------------------|-------|----------|---|------------------------------|--|--|--|--------------|--|--------------|--|
| Implementing Partners | <ul style="list-style-type: none"> • The Ministry of Health and Social Protection of Population of Tajikistan (MoHSPP) • The Sanitary and Epidemiological Center • The RHLC (state body responsible for community engagement and mobilization related to health) • Republican Centre of the Family Medicine | | | | | | | | | | | | | | | | | | | | |
| Programme and Project Cost | <table border="1" data-bbox="491 667 1394 1442"> <thead> <tr> <th data-bbox="491 667 735 719">Budget</th> <th data-bbox="735 667 890 719">Agency</th> <th data-bbox="890 667 1070 719">Amount</th> <th data-bbox="1070 667 1394 719">Comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="491 719 735 837">Budget Requested</td> <td data-bbox="735 719 890 837">UNICEF</td> <td data-bbox="890 719 1070 837">\$932,000</td> <td data-bbox="1070 719 1394 837">Procurement of medical equipment/ pharmaceuticals</td> </tr> <tr> <td data-bbox="491 837 735 1272">Budget Requested</td> <td data-bbox="735 837 890 1272">UNFPA</td> <td data-bbox="890 837 1070 1272">\$68,000</td> <td data-bbox="1070 837 1394 1272">Maintain sexual and reproductive health and rights (SRHR) information and services, provide essential psychosocial support to women and girls subjected to violence, protect health workers and limit the spread of COVID-19.</td> </tr> <tr> <td data-bbox="491 1272 735 1352">In-kind Contributions</td> <td data-bbox="735 1272 890 1352"></td> <td data-bbox="890 1272 1070 1352"></td> <td data-bbox="1070 1272 1394 1352"></td> </tr> <tr> <td data-bbox="491 1352 735 1397">Total</td> <td data-bbox="735 1352 890 1397"></td> <td data-bbox="890 1352 1070 1397">\$ 1,000,000</td> <td data-bbox="1070 1352 1394 1397"></td> </tr> </tbody> </table> | Budget | Agency | Amount | Comments | Budget Requested | UNICEF | \$932,000 | Procurement of medical equipment/ pharmaceuticals | Budget Requested | UNFPA | \$68,000 | Maintain sexual and reproductive health and rights (SRHR) information and services, provide essential psychosocial support to women and girls subjected to violence, protect health workers and limit the spread of COVID-19. | In-kind Contributions | | | | Total | | \$ 1,000,000 | |
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| Budget Requested | UNFPA | \$68,000 | Maintain sexual and reproductive health and rights (SRHR) information and services, provide essential psychosocial support to women and girls subjected to violence, protect health workers and limit the spread of COVID-19. | | | | | | | | | | | | | | | | | | |
| In-kind Contributions | | | | | | | | | | | | | | | | | | | | | |
| Total | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | |
| Programme Duration | Start Date: May 1, 2020 | | | | | | | | | | | | | | | | | | | | |
| | Duration (In months): 8 months | | | | | | | | | | | | | | | | | | | | |
| | End Date: December 31, 2020 | | | | | | | | | | | | | | | | | | | | |

Results Framework

| Window 1: Proposal Outcome | Outcome Statement: Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality | | | | Outcome Total Budget USD 1,000,000 |
|---|---|-----------------|---|--|---|
| Output | Indicators | Baseline | Target | Means of verification | Responsible Org |
| Output 1.1 Procurement and delivery of pharmaceutical drugs and life-saving equipment to 35 hospitals dedicated to COVID-19 treatment nationwide | 1.1a Number of patients tested positive for COVID-19 with severe symptoms who receive treatment in the hospital | 0 | 12,500 critically ill patients who have tested positive for COVID-19 nationwide | MoHSSP registries at health facilities | MoHSPP |
| | 1.1b Number of hospitals equipped with lifesaving pharmaceutical drugs and equipment | 0 | 35 hospitals | MoHSSP central WH registry | MoHSPP |
| Output 1.2 Maintain sexual and reproductive health and rights (SRHR) services, protect health workers and limit the spread of COVID-19 | 1.2a Education material for pregnant women/families on SRH and basic hygiene practices developed | No | Yes | MoHSSP/ UNFPA report | UNFPA |
| | 1.2b # of health service providers trained on psychosocial services for pregnant women, women and girls subjected to violence | 0 | 60 | MoHSSP | MoHSPP |

| | | | | | |
|--|--|---|---|-------------------------|--------|
| | 1.2c # of women of reproductive age receive quality information on SRH and basic hygiene including related to COVID-19. | 0 | At least 250,000 women will be reached to receive quality information on SRH and basic hygiene practices including related to COVID-19. | MoHSPP/ UNFPA report | MoHSPP |
| | 1.2d Strengthen national capacity to ensure continuity and access to SRH and GBV services for women and girls | | | MoHSPP/ UNFPA report | MoHSPP |
| | 1.2e # of hotline points established at National and Regional Levels on alternate SRH and GBV related services | 0 | 4 hotline points will be established within the National and Regional RH Centers for alternate SRH and GBV services | MoHSPP/ UNFPA report | MoHSPP |
| | 1.2f # of remote online consultations of SRH and GBV related aspects provided | 0 | At least 93,000 remote online consultations on SRH and GBV related aspects will be provided in 4 hotline points across the country | MoHSPP/ UNFPA report | MoHSPP |

| | | | | | |
|--|---|---|--|----------------------------|--------|
| | 1.2g of women of reproductive age receive quality information on SRH and basic hygiene including related to COVID-19. | 0 | At least 250,000 women will be provided with quality information on SRH and basic hygiene practices including related to COVID-19. | MoHSPP/ UNFPA report | MoHSPP |
|--|---|---|--|----------------------------|--------|

SDG Targets and Indicators

| Sustainable Development Goals (SDGs) | | | |
|---|---|--|---|
| | SDG 1 (No poverty) | | SDG 9 (Industry, Innovation and Infrastructure) |
| | SDG 2 (Zero hunger) | | SDG 10 (Reduced Inequalities) |
| X | SDG 3 (Good health & well-being) | | SDG 11 (Sustainable Cities & Communities) |
| | SDG 4 (Quality education) | | SDG 12 (Responsible Consumption & Production) |
| X | SDG 5 (Gender equality) | | SDG 13 (Climate action) |
| | SDG 6 (Clean water and sanitation) | | SDG 14 (Life below water) |
| | SDG 7 (Sustainable energy) | | SDG 15 (Life on land) |
| | SDG 8 (Decent work & Economic Growth) | | SDG 16 (Peace, justice & strong institutions) |
| | SDG 17 (Partnerships for the Goals) | | |
| Relevant SDG Targets and Indicators | | | |

| Target | Indicator # and Description | Estimated % Budget allocated |
|-------------------|---|------------------------------|
| TARGET_3.3 | <p>3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p> <p>3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States</p> <p>3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p> | 90% |
| TARGET_5.6 | <p>5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences</p> | 10% |

Risks

| Event | Categories | Level | Likelihood | Impact | Mitigating Measures | Risk Owner |
|---|--|-------------------------------|-----------------------------|-----------------|---|---|
| Risk 1: Delays in procuring the supplies due to high global demand | Financial Operational; political (regulatory and/or strategic) | 3 – Very High | 5 – Highly Likely | 5 – Extreme | UNICEF Tajikistan and UNICEF Supply Division will work together to secure the supplies through on-going agreements with different suppliers worldwide and in Tajikistan | UNICEF Supply division; UNICEF Tajikistan Country Office; The Government of Tajikistan |
| Risk 2: Increase of prices and fright charges | <i>Financial Operational</i> | <i>3 - Very high</i> | <i>5- highly likely</i> | <i>4- major</i> | UNICEF Tajikistan will work with Supply division to ensure the supplies provided are through competitive process and will explore different options for shipments. The quantity of items might also be adjusted with consultation with MOHSPP depend on the latest price. | UNICEF Supply division; UNICEF Tajikistan Country Office; The Government of Tajikistan |
| Risk 3: Government decides to cancel or postpone all capacity building interventions | <i>Political (regulatory and/or strategic)</i> | <i>2- Medium high</i> | <i>5- highly likely</i> | <i>4- major</i> | UNFPA will advocate the MoHSP to arrange capacity building interventions strictly meeting infection prevention and control measures | MoHSPP |

Budget by UNDG Categories

| Budget Lines | Fiscal Year | Description [OPTIONAL] | UNICEF | UNFPA | Total USD |
|---|-------------|------------------------|----------------|---------------|------------------|
| 1. Staff and other personnel | 2020 | | 4,834 | | 4,834 |
| 2. Supplies (pharmaceuticals) Commodities, Materials | 2020 | | 206,417 | | 206,417 |
| 3. Equipment, Vehicles, and Furniture, incl. Depreciation | 2020 | | 533,592 | | 533,592 |
| 4. Contractual services | 2020 | | | | |
| 5. Travel | 2020 | | | | |
| 6. Transfers and Grants to Counterparts | 2020 | | | 43,420 | 43,420 |
| 7. General Operating and other Direct Costs | 2020 | | 128,816 | 17,500 | 146,316 |
| Sub Total Programme Costs | | | 873,659 | 60,920 | 934,579 |
| 8. Indirect Support Costs * 7% | | | 61,156 | 4,264 | 65,421 |
| Total | | | 934,815 | 65,184 | 1,000,000 |