Breakdown of catalytic funding by priority area (US$ and % of budget)

<table>
<thead>
<tr>
<th>CRVS</th>
<th>MDSR</th>
<th>Monitoring Results</th>
<th>eHealth Innovation</th>
<th>Resource Tracking</th>
<th>Reviews</th>
<th>Advocacy</th>
<th>Total distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>35,000 (14%)</td>
<td>105,000 (42%)</td>
<td>15,000 (6%)</td>
<td>22,500 (9%)</td>
<td>35,000 (14%)</td>
<td>10,000 (4%)</td>
<td>27,500 (11%)</td>
<td>250,000</td>
</tr>
</tbody>
</table>

**Progress**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Key results/achievements</th>
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</table>
| **Available core 11 indicators monitored** | ✓ The National Health Strategy for 2010-2020 includes an implementation and monitoring plan, but activities for analysis of implementation were not specified. Monitoring was envisioned only once every three years, and the plan did not contain all the core RMNCH indicators. To strengthen monitoring of results, the Ministry of Health and Social Protection (MOHSSP) revised the indicator package and carried out the following activities:  
  - technical working group meetings under each component (NHS 2010-2020);
  - 1-day M&E training for four technical working groups (40 people);
  - guidance on data collection within the revised indicator package including development of a passport for each of the indicators;  
  - a roundtable with high level policy makers, including representatives from development partners.  
  - The revised indicator package was approved by the MOHSSP in September 2013. Additionally, a policy brief on the M&E process was developed for wider use.  
  - The revised indicator package includes the 11 indicators on RMNCH were included. |
| **National eHealth strategy** | ✓ To improve access to quality medical care in remote areas, the MOHSSP has provided the Khatlon Oblast clinical hospital with equipment to facilitate telemedicine consultations. |
| **Country reporting on health expenditure by financing source** | ✓ The development of sub-accounts on RMNCH is in progress based on a revised methodology for SHA 2011 and the transition from NHA to SHA 2011.  
  - The exercise on mapping RMNCH expenditures was completed. SHA classification for RMNCH was developed based on the latest SHA 2011 exercise. Data collection at the facility level was completed and is in the process of analysis. The report with the preliminary results was presented to policy makers to inform decision-making processes.  
  - The development of sub-accounts on RMNCH is in progress based on a revised methodology for SHA 2011 and the transition from NHA to SHA 2011.  
  - The exercise on mapping RMNCH expenditures was completed. SHA classification for RMNCH was developed based on the latest SHA 2011 exercise. Data collection at the facility level was completed and is in the process of analysis. The report with the preliminary results was presented to policy makers to inform decision-making processes. |
| **National health sector review** | ✓ A joint annual review (JAR) took place from October to December 2013 to monitor and evaluate the progress of the third-year implementation of the National Health Strategy 2010-2020, including meetings of the technical working groups for each of the four pillars (governance, service delivery, resource generation and financing).  
  - As a result of JAR 2013, a health summit was held in December 2013 with the participation of more than 200 representatives. The summit resulted in a draft action plan for 2014, and a resolution on progress and difficulties experienced in 2013.  
  - The final report of the JAR was completed and approved in early January 2014, including the resolution and action plan for 2014.  
  - The involvement of civil society organizations needs strengthening for future reviews. |
| **Maternal death surveillance and response (MDSR) system in place** | ✓ Since 2008, Tajikistan has been implementing the two WHO “Beyond the numbers” (BTN) approaches: Confidential Enquiry into Maternal Deaths (CEMD) at national level and Near-Miss Case Reviews (NMCR) at facility level. Since the introduction of these approaches, national experts involved in CEMD and NMCR have changed and implementation has stalled.  
  - The MOHSSP is conducting activities aimed at further implementing BTN methodologies and strengthening MDSR in the country. These were discussed by the MOHSSP and partners in a national workshop to “Review progress in BTN implementation.”  
  - Following the national workshop, a two-day workshop was conducted for provider teams from six facilities on NMCR for further scale-up in Tajikistan. Cross visits and monitoring/supervisory visits are planned to assist providers from these facilities. Monitoring of NMCR implementation in thirteen facilities implementing this approach is in progress.  
  - To ensure continuity and improve the effectiveness of the National Committee for Confidential Enquiries into maternal death work, members of the committee were re-elected. The committee is working to review and update the forms used for anonymous data collection. Preparation is under way for building capacity of regional coordinators on use of the form and the interview process for data collection. |

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April 2014

**COUNTRY ACCOUNTABILITY FRAMEWORK**

**PROGRESS SUMMARY**

**TAJIKISTAN**
| Political leaders engaged in RMNCH | The MOHSSP contributed to and participated in the training/mock session, organized by UN Women with support of other partners, in preparation for reporting on the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The training included an exercise to enhance the understanding of state partners, members of the delegation, National Human Rights Institutions, NGOs involved in the preparation of alternative reports, and the UN Country team on CEDAW implementation, monitoring and reporting. Tajikistan has provided the CEDAW Committee with five reports: a national one for the Government; a consolidated NGO shadow report; and separate NGO thematic submissions on HIV/AIDS, female migration and the implementation of Article 9 of the Convention. The CEDAW Committee had its dialogue with Tajikistan’s delegation, during the 56th session in Geneva. |
| IHP+ compact or equivalent partnership agreement | No information available. |
| Civil registration, vital statistics (CRVS) assessment completed, plan developed | The MOHSSP is improving the quality of statistical data by improving knowledge of ICD-10, and building capacity. An expert group was set up at the Republican Center for Medical Statistics and Information to address this need. The group is developing the national version of ICD-10, and a training manual and electronic reference book which will be used for capacity building activities. |
