International Journal of Applied Social Science **RESEARCH PAPER**
Volume 5 (6), June (2018) : 800-813 ISSN : 2394-1405 (Print)
Received : 24.04.2018; Revised : 05.05.2018; Accepted : 20.05.2018

Provincial Imbalances in Tajikistan in the Level of Development

IMRAN
Research Scholar
Academy of International Studies
Jamia Millia Islamia, New Delhi (India)

ABSTRACT

Regional inequality in economic and social indicators of wellbeing across geographical units within country and the Republic of Tajikistan is located mendacity in southeast Central Asia and it has consists of four administrative divisions. These are the provinces (viloyat) of Sughd and Khatlon, the autonomous province of Gorno-Badakhshan and the Region of Republican Subordination. Each region is divided into several districts, which in turn are subdivided into jamoats and villages. Two thirds of the total population of Tajikistan is resident in rural areas, while nearly three fourths of the population of Tajikistan's southern regions is rural residents. Among the regional growing concern about increasing inequality, the spatial dimensions of inequality have begun to attract considerable policy interest. It has focuses on inequality in living standards across oblasts and regions within Sughd, Region of Republican Subordination, Khatlon and Gorno-Badakhshan. Inequality within country exists because of barriers to competition, then inequality can foment internal tension, and economic and social development within regions is negatively affected. The most important explanations for the variation in expenditures per capita in the region are household location, household composition, Employment, Health and education and large variation in per capita expenditure by location within each regions Sughd, Region of Republican Subordination, Khatlon and Gorno-Badakhshan and the differences go beyond the simple rural-urban distinction. Regional inequality is reinforced by the public sector in the allocation of public services. Tajikistan's regions are of increasing political importance, and an understanding of its people and the problems they face is essential to the development of regional stability.

Key Words : Regional Imbalances, Provinces, Sugdh, Khatlon, Gorno-Badakhshan

INTRODUCTION

The Republic of Tajikistan is located mendacity in southeast Central Asia. Its total area is 141,100 km. Tajikistan consists of four administrative divisions. These are the provinces (viloyat) of Sughd and Khatlon, the autonomous province of Gorno-Badakhshan and the Region of Republican Subordination . Each region is divided into several districts, which in turn are subdivided into jamoats (village-level self-governing units) and then villages (qyshloqs). As of 2006, there were 58 districts and 367 jamoats in Tajikistan[1]. Tajikistan had about 8.7 million people in 2016. The population has been growing rapidly, at 3.4 per cent per annum during 1991 to 2010; 46 per cent of

How to cite this Article: Imran (2018). Provincial Imbalances in Tajikistan in the Level of Development. *Internat. J. Appl. Soc. Sci.,* **5** (6) : 800-813.

the population is under 16 years of age and 70 per cent of the population lives in rural areas.

Provinces in Tajikistan :

Divisions	Capital	Area (Km)	Population (2014)
Sughd	Khujand	25,400	2,400,600
Region of Republican Subordination	Dushanbe	28,600	1,874,900
Khatlon	Qurghonteppa	24,800	2,898,600
Gorno-Badakhshan	Khorugh	64,200	212,100

Source: Provinces of Tajikistan and Districts of Tajikistan

Urban bias is an often cited characteristic of state socialist regimes. Ideologically focused on workers and economically focused on industry, these regimes have tended to generate systems that concentrate social goods in urban areas[2].

Not surprisingly, the successor states of the former Soviet empire have inherited economic systems that place rural areas at a relative disadvantage.

While the populations of the Central Asian successor states are extremely heterogeneous on many indicators, the issue of rural or urban residence is consistently important in terms of differentials in population growth, socio-economic status and public health[3]. The populations of the remaining countries primarily live in rural areas, with the highest concentrations observed in the southern administrative regions. Two thirds of the total population of Tajikistan is resident in rural areas, while nearly three fourths of the population of Tajikistan's southern regions is rural residents. The Central Asian successor states represent the most rural region of the former Soviet empire. Among the regional growing concern about increasing inequality, the spatial dimensions of inequality have begun to attract considerable policy interest. In Sughd, Region of Republican Subordination, Khatlon and Gorno-Badakhshan as well as most other developing and transition economies[4], there is a sense that spatial and regional disparities in economic activity, incomes and social indicators, are on the increase. Spatial inequality is a dimension of overall inequality, but it has added significance when spatial and regional divisions align with political and ethnic tensions to undermine social and political stability. Also important in the policy debate is a perceived sense that increasing internal imbalances is related to greater openness of economies and to globalization in general. But despite these popular and policy concerns, there is remarkably little systematic documentation of the facts of what has happened to spatial and regional imbalances over the past ten to twenty years. Correspondingly, there is insufficient understanding of the determinants of regional imbalances in a globalizing world. Why do regional imbalances arise in Tajikistan? The economic geographer's distinction between first and second nature geography is helpful. First nature geography simply says that some regions are favored by virtue of endowments of proximity to rivers, coats, ports, and borders of country. Second nature emphasizes the interactions between economic agents, and in particular increasing returns that can be created by dense agglomerations and interactions.

Thus regions tend to have high productivity, and agglomeration forces act to generate virtuous circles of self-reinforcing development. What determines the strength of these forces? How do they depend on aspects of the economic environment such as openness to trade, the stock of labor skills, the quality of infrastructure, and the policy environment? Of course, once their nature is understood, changes in these forces can be adduced as explanations for changing regional imbalances in Tajikistan.

Regional inequality in economic and social indicators of wellbeing across geographical units

within country[5]. First, inequality between a nation's regions is one component of overall national inequality across individuals (the other component being of course inequality across individuals within each geographical unit or region). When regional inequality goes up then, other things being equal, so does national inequality. Second, inequality between a nation's regions may be of concern in and of itself, especially when the geographical regions align with political, ethnic, language or religion.

It has focuses on inequality in living standards across oblasts and regions within Sughd, Region of Republican Subordination, Khatlon and Gorno-Badakhshan. Regional inequality is an important area of research and policy development as Inequality in income and consumption are logical outcomes in a market-based economic system. If inequality within countries exists because of barriers to competition, then inequality can foment internal tension, and economic and social development within regions is negatively affected. The most important explanations for the variation in expenditures per capita in the region are household location, household composition, and education and large variation in per capita expenditure by location within each regions Sughd, Region of Republican Subordination, Khatlon and Gorno-Badakhshan and the differences go beyond the simple rural-urban distinction. Family structure is also important, and in all regions it also focus on inequality in access to community services and find that provision of public goods reinforces regional inequality patterns in expenditures that we measure among households. The poorest households are likely to live in communities with the lowest access to public services. Tajikistan experienced large changes in its political, social, and economic institutions since independence in the early 1990s.

These changes affected the distribution of public and private resources across and within regions. These regional adjustments to inequality in human capital and dependency but find that most of the inequality is the result of regional differences.

These regional differences within countries are large and growing over time and are not simply due to rural-urban differences. Regional inequality is reinforced by the public sector in the allocation of public services. Tajikistan's regions are of increasing political importance, and an understanding of its people and the problems they face is essential to the development of regional stability[6].

In Tajikistan education, health, and other services differ significantly across regions, but the distributional pattern is less obvious than in Kyrgyzstan. Among education services, kindergartens are less likely but secondary schools are more likely in rural areas than urban. School enrolment in rural and urban areas of Leninabad, RRS, and Khatlon is lower than in Dushanbe, but Dushanbe has inadequate school buildings and an inadequate supply of school books in comparison to other regions. Leninabad seems to have more availability of healthcare facilities (hospitals, clinics, and pediatricians) than other regions, and vaccination rates are high in all regions but lowest in urban areas of Leninabad and Khatlon. Among other services, a greater access to hard roads, water, sewer, and garbage collection in Dushanbe than in other regions, and the rural regions have less access to these services than the urban areas.

Regional Health Imbalances :

There are marked geographical imbalances in health care resources and financing, favouring the capital and regional centres over rural areas. There are also significant inequities in health care expenditures across regions. The quality of care is another major concern, owing to the lack of investment in health facilities and technologies, an insufficient supply of pharmaceuticals, poorly trained health care workers, and a lack of medical protocols and systems for quality improvement.

Health the main challenges for the future will be to reorient the health system towards primary care and public health rather than hospital-based secondary and tertiary care.

Pilots of primary care reform, introducing per capita financing, are under way in three of the country's[7]. Tajikistan's population faces a double burden of both high non-communicable and communicable disease rates. Infant and maternal mortality rates are among the highest in the WHO Central Asian Region.

Tajikistan's health system has evolved from the Soviet model of health care, with so far few structural changes. The Ministry of Health is responsible for national health policy, but has no control over the overall health budget, and directly manages only (most) health facilities at the national level. Local authorities are responsible for most social services, including health and education.

The oblast health departments (Gorno-Badakshan Autonomous Oblast (GBAO), Khatlon and Sughd) are responsible for the health care provision of oblast-owned health care facilities and, together with the executive local authorities (khukumats) of cities and rayons, the activities of city and rayon health facilities within the respective oblasts. Although professional associations have no major role in health policy-making, physicians influence national health policy in more informal ways. Although growing, the number of private health care providers is still low. In 2010, the total public budget for the health sector was equivalent to only US$ 12.6 per capita but Tajikistan is a fast-growing society with an average fertility rate of 3.09 children born per woman[8]. External sources of funds contributed to about 10% of total health funding in 2007. The use of health care funds has traditionally been biased towards hospital services and health financing reform started in 2005. The focus has been on diversifying sources of funding, such as through introducing formal co-payments, defining a guaranteed package of health services to align commitments to free health care with available resources, and introducing population and activity based health budget formation. A first basic benefit package was introduced in Khatlon and Sughd in 2005, but then suspended after two months. A new basic benefit package was introduced in 2007 in four pilot rayons and has since been extended to eight rayons. In another pilot scheme, fee-for-service payments have been introduced in Gorno-Badakhshan with six hospitals of the country[9].

Tajikistan has less health care professionals per capita than other countries in central Asia. Physicians are mainly specialized, but more and more are being retrained to become family physicians. The intention is to also upgrade and expand nurse training. There has been a major brain drain, with health care workers moving abroad. Staff is unequally distributed, both functionally and geographically.

Physicians are concentrated in the capital, Dushanbe, while the density of all staff categories (except feldshers) is lowest in Khatlon oblast and the rayons of republican subordination. They are affiliated to rural health centres, the second level of the health system. Rural health centres (formerly rural physician clinics or rural hospitals) are staffed by physicians, in addition to mid-level and junior health staff.

In urban areas, the polyclinic is envisaged as remaining the first point of contact. In 2015 there were still about 431 hospitals in Tajikistan, 173 of which were classified as rural hospitals, often located in remote mountainous regions and operating only in the summer months.

According to official statistics, the infant mortality rate fell from 40.4 to 14.1 per 1000 live births between 1990 and 2005 (WHO Regional Office for Europe, 2010)[10]. Results from various household surveys, however, show a significantly higher infant mortality rate[11]. The Demographic and Health Survey of 2002 estimated that an infant mortality rate of around 86.9 per 1000 live births existed during the period 1997–2001, and the Tajikistan Living Standards Survey in 1999

estimated an infant mortality rate of around 78 per 1000 live births during the period 1994–1998. Infant mortality rates vary considerably by *rayon*. According to the Multiple Indicator Cluster Survey conducted by the United Nations Children's Fund (UNICEF) in 2000, in some areas of the country, actual infant mortality in 1993 was 95 per 1000 live births (UNICEF, 2000). The Multiple Indicator Cluster Survey in 2005 estimated infant mortality at 65 per 1000 live births (State Committee on Statistics, 2006).

Although these estimates are generally associated with considerable confidence intervals, they suggest that the actual infant mortality rate is much higher than shown in official statistics.

According to WHO estimates, infant mortality in Tajikistan in 2005, at 91 per 1000 live births, was higher than in any other country in the WHO European Region (WHO Regional Office for Europe, 2011). Officially recorded data also underestimate mortality between the ages of 1 and 4 years of age[12]. According to a verbal autopsy report conducted in collaboration with UNICEF in 2003 there was a mortality rate in children under 5 years of age of 95 deaths per 1000 live births, compared with an official rate of 17.3 in 2003 (WHO Regional Office for Europe, 2011). The Multiple Indicator Cluster Survey in 2005 estimated under-5 mortality at 79 deaths per 1000 live births (State Committee on Statistics, 2006).

The population is extremely young (35 % of the population is younger than 14 years of age[13]. The under reporting of infant and child deaths means that actual life expectancy is much lower than captured in official statistics.

A recalculation of life tables according to World Bank estimates of infant and child mortality showed that actual life expectancy in Tajikistan might be as much as 13.4 years lower than the official statistics suggest (Rechel *et al.*, 2005). According to a WHO World Health Report, estimated life expectancy in Tajikistan in 2015 was 69 years at birth, approximately 10 years lower than the officially reported life expectancy of 73.3 years in 2004 (WHO Regional Office for Europe, 2010). Acute respiratory infections, diarrhoea and prenatal conditions are the main registered causes of infant mortality. However, the number of deaths from unknown causes has increased in recent years, indicating shortcomings of death certification. The major causes of death within the first year of life are all preventable: meningitis/encephalitis (20%), acute diarrhoea (17%), severe malnutrition (16%), pneumonia (14.4%), severe anaemia (12.6%), bacteraemia/ septicaemia (9.9%) and measles (9.9%). According to a recent UNICEF sponsored study infectious diseases continue to be a major cause of infant and child mortality. Most of the infant deaths (71%) occur in the first week of life. The Ministry of Health and donor organizations are addressing the high infant mortality rates through programmes directed at the root causes of infant mortality. According to the UNICEF study, communicable diseases account for 58% and malnutrition for 42% of post-neonatal deaths, and these are two of the priority programme areas for the Ministry of Health. Maternal health remains another major challenge. As is the case with infant mortality rates, estimates of maternal mortality in Tajikistan differ from official statistics, although both sources indicate a declining trend.

According to official data, maternal mortality has decreased by more than half from its peak at 124.4 per 100 000 births in 1993 to 43.4 in 2006 (WHO Regional Office for Europe, 2011). It is likely that these figures underreport actual maternal mortality, as there are a large number of home deliveries. It has been estimated that, in 1995, the actual maternal mortality rate was 123 per 100 000 live births (Hill *et al*., 2001) rather than the officially recorded 97.7 (WHO Regional Office for Europe, 2011).

According to UNICEF, maternal mortality in Tajikistan can be attributed to poor antenatal care, inadequate health services during delivery, and transportation problems, particularly in rural

areas. In 2011, 40.2% of all deliveries took place at home, reaching 80% in some of the country's regions.

Reasons for the high share of unsafe deliveries at home include the poor health care infrastructure and the lack of telephone communication and reliable means of transport. Out of all home deliveries, more than 60% are carried out without medical assistance, resulting in significant health risks. The high level of maternal and perinatal mortality is also related to the poor quality of antenatal and delivery care, which suffers from a lack of materials and equipment and the poor training of health personnel. The Micronutrient Status Survey in 2005 found an overall prevalence of anaemia among women of 41% and among children of 37.6%. A low body mass index was observed in 9% of women included in the survey. The highest prevalence of women's undernutrition was found in GBAO (20%), followed by Khatlon (10%), Sughd (8%) and the rayons of republican subordination (6%) At the same time, one quarter of the women surveyed (26%) were overweight or obese with a higher prevalence in the rayons of republican subordination (36%) and Sughd (25%) than in Khatlon (16%) and GBAO (12%). Malnutrition among the rural population in Tajikistan worsened in 2007 and 2008, as a result of the global food crisis and associate increases in the cost of food and, since 2008, the global financial and economic crisis. An estimated 30 000 people in remote rural areas had to reduce their food intake to one family meal a day[14]. The international community intervened with an emergency appeal, and the World Food Programme initiated food distribution to rural and mountainous areas and, in partnership with UNICEF and WHO, established a national monitoring programme for malnutrition and food prices. Dental health among children is also a concern. Research conducted in central Tajikistan (Dushanbe and the surrounding Hissor valley) showed that, in 2007, children aged 12 years had an average of 2.9 decayed, missing or filled teeth, and that 53% of this age group had dental caries. The Ministry of Finance deals with the allocation of central budgetary resources to the three oblast administrations.

The oblast administrations receive funds from the Ministry of Finance for allocation to oblast facilities, such as oblast-level hospitals and polyclinics. The main source of revenue for the 58 rayons is local taxes. The rayon finance departments allocate funds for rayon-level health services to central rayon hospitals, which act as rayon health departments.

Jamoats disburse funds that they receive from rayon administrations to "health houses", rural health centres and rural hospitals. Across oblasts and rayons, there is significant inequity in both the absolute and relative level of health care expenditures. Oblast administrations can choose whether to top up the health budget from their own funds. The end result is that per capita health expenditure varies across oblasts and is not related to social or health need indicators, the poorest oblasts spending the least per capita. The 16 oblasts and rayons of republican subordination and Dushanbe city allocate between 6% and 21% of their local budgets to health care. This dispersion translates into large differences in per capita funding. In 2011, Khamadoni rayon spent 13 somoni per capita on health care, whereas Shurabad rayon spent 57 somoni per capita.

The long-term intention is to allocate central funds to the regions using a needs-based population formula. A weighted capitation formula is being developed that includes demographic, health status and socioeconomic factors. Capitation formulas are being tested, with the involvement of the World Bank and the Swiss Agency for Development and Cooperation. Rayon and city health centres in towns are either free standing or associated to a hospital and offer preventive, diagnostic and rehabilitative services. Services of the former polyclinics used to be very fragmented, with separate polyclinics for adults[15].

Children and women's reproductive health, as well as oblast-level polyclinics, dental polyclinics

and family planning polyclinics. This changed with Government Decree No. 525 of 31 December 2002, restructuring the country's primary health care system. Polyclinics for adults, children and women's reproductive health were merged into rayon and city health centers.

In 2011, there were 62 rayon health centers and 24 city health centers. Small rural hospitals with 25–75 beds offer basic nursing care and some medical and obstetric services. They are staffed by one doctor, the "therapeutist". There were 183 rural hospitals in 2011, down from 198 in 1995, 217 in 2000 and 208 in 2005.

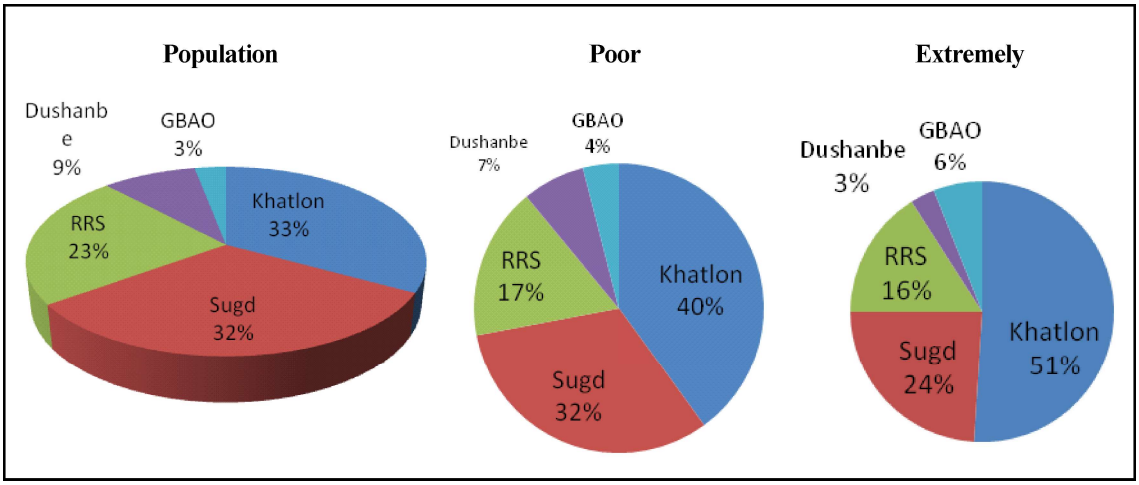
There were also 45 district hospitals reorganized from rural hospitals, as shown in the above statistics on 2011. These "hospitals" are in very poor condition and only active outside the autumn/winter season, with run-down buildings, unheated and without electricity in winter, few supplies or bedding, and very little diagnostic and therapeutic equipment. Most beds are unoccupied. At present, patients tend to circumvent rural hospitals and attend directly the central rayon hospitals.

Regional Distribution of the Population, the Poor, and the Extremely Poor in Tajikistan:

Dushanbe, the capital of Tajikistan, and its Regions of Republican Subordination (RRS), have always been better off in terms of political, social, and economic institutions compared to rural areas, where voices of the poor can barely be heard. For instance, remote areas from the capital, Gorno Badakhshan Autonomous Region (*Oblast*) and Khatlon, are worse off because distance from the center matters when it comes to poverty, specifically poor road conditions result in higher transportation costs to do agricultural business, communicate, have access to other basic needs such as better health care facilities and education, and, in many cases, even safe drinking water and sanitation. Khatlon and Sugd areas have higher rates of poverty because those regions are more densely populated. Another reason for high poverty indicators across the country, particularly in remote rural areas, can be high fertility rates. Especially in the large agricultural regions of Khatlon and Sughd the number of the extreme poor (earning below 1.08 USD per day) increased sharply between 1999 and 2003[16].

Regional Poverty in Tajikistan

Regional wise population and poverty in Tajikistan :



Source: Tajikistan Living Standard Survey (TLSS)[17]

This level in birth rates can be explained not only because of lack of income, but also as a result of certain unique factors: first, culture and traditions; second, lack of knowledge of family planning; finally, during 70 years of Soviet supremacy, all FSU countries were highly encouraged and motivated (with medals of honor, gifts, money, employment opportunities, prestige, and other incentives) to increase population aiming at an increase in military forces and manpower. Now, upon the fall of communism, Tajikistan confronts a demographic problem that exacerbates poverty indicators[18].

Regional Food Security Imbalances :

Although some regions produce more food than others, all regions in Tajikistan are food deficit most of the time in any given year. For example, based on the latest assessment of the cereal situation for the current marketing season, Sugd is the region with the largest. Sugd has a diverse agricultural land, ranging from highly productive to infertile and saline. Some 20% of the country's wheat area is also located in this region. Eastern parts however tend to suffer from poor market access. According to latest Poverty Assessment Update by the World Bank, higher cotton prices coupled with some industrial recovery have given some rise to income and lowered poverty levels in this region[19]. Khatlon is the country's main cereal and cotton producing region. The region accounted for more than half of the country's cereal production in 2007. The increase in cotton prices between 1999 and 2003 resulted in higher income and some reductions in poverty levels although the region's per capita GDP ranked among the lowest[20]. RRS registered higher inputs and improved irrigation networks than elsewhere. It also benefits from better access to urban centers. The region accounts for the bulk of the country's potato and vegetable output as well almost 25% of wheat production. In the World Bank's view, while the region experienced the lowest rate of per capita GDP growth, it witnessed the highest rate of poverty reduction and the lowest level of inequality, most likely because of the dominance of non-cotton agriculture and the fact that under recent reforms farmers could "reap the benefits of security and macroeconomic stability and to increase their incomes just above the poverty line". Dushanbe is the National Capital where the country's largest food markets are located.

While Dushanbe enjoys twice the national average per capita GDP and benefits from generally better infrastructure and a transport network system than most other parts of the country, the rate of extreme poverty and inequality was still very high in 2003. GBAO is a sparsely-populated mountainous region with sparse arable land. Potato is the main agricultural crop in this region. Aid programmes play an important role in GBAO and while poverty seems to have dropped, migration (of the extremely poor) was considered as an important factor.

Few mountain roads connect *GBAO* to the Capital *Dushanbe* but these roads are often not

Table 1 : Cereal Balance Sheet by Region in Tajikistan for 2005/2006 (Marketing Year)

Regions	Cereal Production			Cereal required			Surplus or Deficit (-)
	Main crop	Second crop	Total	For human	Seed use	Losses and feed for animals	
Sughd	185	10	195	305	22	22	(-) 154
Khatlon	377	65	442	362	38	45	(-) 3
RRS	161	19	180	227	16	21	(-) 84
BBAO	17	0	17	33	2	3	(-) 21
Tajikistan	740	94	834	1019	78	91	(-) 354

Source: Draft FAO/WFP Crop and Food Supply Assessment, Special Report, October 2007

operational between November and April because of snow deficit, followed by *RRS* and *GBAO*. Even the main producing region of *Khatlon* is expected to experience some deficit 2005/06 marketing season[21].

A summary of the main findings about the major markets in Tajikistan is provided below followed by a brief statistical analysis, presenting some preliminary results about the degree of market integration in the country. Poverty and difficulties in accessing food is most widespread among those living in remote parts of the country. So far, the benefit of recent economic progress seems to be shared primarily by those living in urban centers.

Therefore, the geographic and demographic problems have further deteriorated the extent of market segmentation. This problem of poverty-driven segmentation in Tajikistan is in fact both a supply side issue, because food may not always reach all the remote areas, and a demand problem, because the poor continue to suffer from insufficient income to purchase food[22]. Various socio-economic surveys carried out in recent years point to very slow decline in poverty levels in remote areas while limited access to credit (micro and cash) and total reliance on own production continue to aggravate the already precarious food situation facing the rural poor[23].

A recent national survey by Action against Hunger (AAH) and the Ministry of Health also found increases in the prevalence of acute malnutrition (stunting, as measured by height and age) in all regions of Tajikistan between 2005 and 2010. The Survey showed most significant increases in malnutrition in GBAO and Kurgan Tyube. Even the rate of acute malnutrition in the country's capital, Dushanbe, seems to have increased significantly in 2010. In addition, the survey also found a very high occurrence of children suffering from being underweight in all regions; with the highest occurrence in Kurgan-Tyube and the lowest in Sogd[24]. The highest proportions of food-insecure households were in Taboshar (89 %), Khujand (82 %), Sarband (71 %) and Kurgan-Tuybe (58 %). The highest proportions of severely food-insecure households were in Khujand (45 %) and Taboshar (46 %), both of which are in the Sughd region. The highest proportions of moderately food-insecure households were in Sarband (59 %), Taboshar (43 %), Kurgan-Tuybe (42 %) and Khujand (37 %)[25].

Thus Tajikistan has high rural regional imbalance in context of development, poverty, health, education and employment etc. According to Tajikistan and UNDP report Sughd and Khalton has high poverty and unemployment.

Regional Variation in Unemployment :

Youth unemployment is a big problem for Tajikistan. The share of youth aged 15-29 unemployment equals 27,200 total and registered unemployment keeps at a relatively high level, reaching 60-65% and the level of unemployed economically active youth aged 15-29 is 9-11%.

The average age of unemployed is 29.6. The survey of social composition of youth aged 15-29 showed that youth under 18 who applied to the bodies of employment services generally did not have neither profession, nor specialty. Since there are no vacancies for this category of population, the problem of its employment grows into the problem of professional training.

The number of officially unemployed in GBAO is 7,150, in Sogd region (17,059), in Khatlon region (17,274), in the Regions of the Republican Subordination (8,974) and in Dushanbe (1,980).

During this period 12,629 people (including 5,604 women) were provided with regular jobs out of 60,505 citizens who applied to the bodies of the Agency. The status of 'unemployed' was granted to 20,155 individuals; unemployment benefit was granted to 1,654 people[26]. Job search methods vary by age group. In general, more than 68% apply to friends, relatives, acquaintances, and only

Table 2 : Gender and age regional unemployment structure (people)

	Total	Under 20	20-24	25-25	30-34	35-39	40-44	45-49	50-54	55-59	59-65
					People						
Total	195952	46303	37058	34373	19656	21565	13936	11652	8515	2294	602
Dushanbe	45876	6909	37058	6944	5094	5224	4121	2729	1688	319	271
Sogdh	38271	14682	37058	5936	2077	2367	1754	2289	1814	405	-
Khatlon	62747	14402	10236	12166	6419	8711	4228	2603	2603	535	302
RRS	31435	7317	4556	5208	3863	3065	2332	1866	1866	951	-
GBAO	17623	2993	2741	4118	2203	2198	1501	543	543	83	29
					Percentage						
Total	100,0	23,6	18,9	17,5	10,0	11,0	7,1	5,9	4,3	1,2	0,3
Dushanbe	100,0	15,3	27,4	15,1	11,1	11,4	9,0	5,9	3,7	0,7	0,6
Sogdh	100,0	36,4	18,2	15,5	5,4	6,2	4,6	6,0	4,7	1,1	-
Khatlon	100,0	23,9	16,3	19,4	10,2	13,9	6,7	5,0	4,1	0.9	0,5
RRS	100,0	23,3	14,5	16,6	12,3	9,8	7,4	7,2	5,9	1,0	-
GBAO	100,0	17,0	15,6	23,4	12,5	12,5	8,5	6,9	3,1	0,5	0,2

Source: National Human Development Report 2009 -2010

14% to the state employment services. These indices are proportional to job search methods in age groups 20-34. The absolute majority of unemployed (134,898 people) in all age groups (except 60-75) have applied to friends, relatives and acquaintances as a main strategy to find a job. The second most popular method of application is to the state employment services – (27,418). At this, out of 195,952 unemployed looking for job, only 18,736 people (around 9%) could find one during the first month; approximately 50% (95,245 people) searched for a job for at least a year, and 2% had quit searching. It is necessary to underline the specificity of unemployment in rural areas, stipulated by the predominance of latent and seasonal forms. The lack of motivation in the registration of unemployment in rural areas cannot give the real picture of the level and structure of rural unemployment. Therefore, a special survey with specific methods is necessary to interpret rural employment problems[27].

Regional Educational Imbalances :

Since independence of Tajikistan there has been a drop in educational participation and an increase in educational inequality. Multiple studies indicate ways that family factors, community factors and macro-structural factors influence educational participation and inequality, but the findings have not been incorporated into a comprehensive model. Results indicate that the financial resources of the family and composition of the family affect children's enrollment and attendance. The influence of these factors on educational participation differ in communities with various cultures concerning gender norms, schools characteristics, work opportunities for children and adults, and resources.

Patterns of educational attainment differ between the Soviet period and the period after independence. Tajikistani adults attribute these changes to the changes in the general economic situation and changes in educational policies. The state decreased its responsibility for providing education by reducing the compulsory level of education to the basic level (9th grade) instead of the secondary level (11th grade). Students enter university after successfully completing extensive examinations or paying bribes, often both are required. There are no special privileges or discounts for university students and most universities do not offer stipends, if they do it is far smaller than

Soviet era stipends and does not although some graduates had to initially be stationed in cities far from their families. The education of the "young" cohort may have been affected by various disruptions associated with the conflict, such as lack of school facilities and teachers, decrease in household income, uncertainty and insecurity associated with the conflict. Tajikistan has higher adult literacy than any of the other countries, although it has a low GDP. It also has higher gross enrollment rates than countries with more wealth[28]. This makes the recent drop in educational participation even more puzzling because it is then parents who are familiar with the educational system and the value of an education who are not sending their children to school. The drop in educational participation and increase in inequality after independence has not been uniform. The region of Badakhshan and the capital city of Dushanbe have higher enrollment rates than the national average, while the regions of Sugd, Khatlon and the Regions under Republican Subordination (R.R.S.) have enrollment There are also regional differences in cultural norms, stemming from differences between various sects of Islam practiced throughout the country and the reach of the Soviet state in the secularization of society. There are no differences in the enrollment rates of boys and girls in Badakhshan and Sugd, but significant differences between boys and girls in Khatlon, the R.R.S. and Dushanbe.

Development Regions of Tajikistan :

Tajikistan is divided into four regions which differ in terms of agro-economic conditions, population densities and market access.

Index

High (Republic Subordination) | Moderate (Khatlon)

Low (Sugd) | Very Low (Gorno-Badakhshan)

Fig. 1 : Level of Socio-Economic Development in Tajikistan

The Khatlon Region :

The Khatlon region in the southwest constitutes about 17 per cent of the country's area, and about 35 per cent of the population (some 2.2 mn people), of which 83 per cent are rural. Population density is almost 90 persons per square kilometre, and reaches almost 300 in a few districts[29]. The irrigated river valleys of Khatlon around Kurgan Tyube and Kulyab were among the most productive cotton growing regions in the United of Soviet Socialist Republic (USSR). Irrigation systems supply more than 320,000 ha of land, or 16 % of the total area of oblast. During the civil war, the region experienced some of the fiercest fighting and much of its infrastructure was destroyed. Cotton remains the dominant crop in the irrigated areas of Khatlon. Other important crops produced in this region include wheat, rice, potatoes, vegetables, lucerne and sub-tropical fruits such as lemons and oranges. It also has a significant cattle industry. The non-cotton crops are mainly grown in the foothill agro-ecological zone, located between 800 and 2000m above sea level.

The Sogd Region :

The Sogd region in the northwest has about 18 per cent of the country's area, about 30 per cent of the population (almost 2 mn people) with a population density of 75 persons per square kilometre. About 75 per cent of its population is rural. The second largest city in Tajikistan, Khujand1, is located in this region. The Ferghana Valley, shared between Tajikistan, Uzbekistan and the Kyrgyz Republic, has huge irrigated lowland areas. Though cotton is the dominant crop, apricots, apples, grapes, pears, nuts, potatoes and beans are also grown.

In the mountainous Zeravshan Valley, wheat, tobacco, potatoes, onions, a variety of other food crops, and fruit are produced, as well as cattle and sheep. The region has one largely rural district, Penjikent, with a population density of over 400 persons per square kilometre. It also has the largest silk factory in Central Asia, supported by the associated silkworm cultivation.

The Districts it's under Republican Subordination :

The Districts under Republican Subordination (DRD) divide Khatlon and Sughd and have about 1.4 mn people, of which almost 90 per cent are rural. They have about 20 per cent of the country's total area and a population density of about 50 per square kilometre. Most of the territory is quite mountainous, but the irrigated plains around Dushanbe combine high production potential with good market access. Wheat, potatoes, vegetables, orchards and grapes and other food crops are grown in these districts, and there is considerable livestock grazing.

The Eastern GBAO Region :

The Eastern GBAO region accounts for 45 % of the country's total area but only hosts 3% of the total population. Mountainous terrain, low precipitation and extremely short vegetation periods limit the scope for crop production. GBAO has important areas of pastures. During the Soviet period, winter fodder was imported into the region. Thus higher growth rates were recorded in the poorer oblasts of Khatlon, Sughd, and in GBAO. The economies of Dushanbe and RRS grew at a relatively slower pace. The strong growth and macroeconomic stabilisation over the past five years also contributed to a drop in the country's poverty rate, from 81% in 1999 to 64% in 2003. The size of interregional differences in the poverty rate also declined, since the poorest regions reported the most significant reductions in poverty. The difference in poverty rates among the regions remains high, however, with a figure of 84% in Gorno-Badakhshan Autonomous Region (GBAO) and 45% in regions of republican subordination (RRS)[30].

To conclude it can be said that Tajikistan has high regional imbalances in context of development, poverty, employment, health, food security and education etc. Though the overall level of development is very low in Tajikistan as a whole but the mountains region of Garno Badakhshan an autonomous oblast in socially and economically very backward region of Tajikistan. Contrary to this the development per capital of Khatlon and Sugd region in very high. The Dushanbe and Kojand cites are located in these two regions of Tajikistan.

REFERENCES

1. UNTJ (2010). *UN Tajikistan Information Platform*. http://www.untj.org/un/profiles_text.php?id=41.
2. http://www.tradingeconomics.com/world/rural-population-percent-of-total-population-wb-data.html
3. Cynthia Buckley*, Rural/urban differentials in demographic processes: The Central Asian states, The University of Texas at Austin, Austin, USA, Population Research and Policy Review*, (Kluwer Academic Publishers. Printed in the Netherlands), 71–89, 1998.
4. This is a modern Tajik proverb, which I came across in Tajikistan. Leninabad is today Khudjand and in the North, Kulyab is now part of southern Khatlon and Karetegin is an old name for the Rasht valley. This was also cited by (Marat 2006, p.103)
5. Autonomous Region of Mountain-Badakhshan is in Russian commonly called GBAO –*Gorno-Badakhshanskaya Avtonomnaya Oblast*.
6. Kathryn Anderson, Richard Pomfret; *Spatial Inequality and Development in Central Asia* (UNU World Institute for Development Economics Research), Research Paper No. 2004/36, p no 1.
7 Tajikistan Health System Review , *Health System Transition*, Vol. **12** No. 2 2010 , P no, 1
8. CIA World Factbook: Tajikistan, on: www.cia.gov, sighted 08/03/08
9. Nazneen Kanji, *Trading and trade-offs: women's livelihoods in Gorno-Badakhshan, Tajikistan, Development in Practice*, Volume **12**, Number 2, May 2002
10. Bernd Rechel (Editor) and Martin McKee, *Health Systems in Transition* (Publications, WHO Regional Office for Europe) , Scherfigsvej 8, DK-2100 Copenhagen Ø, DenmarkVol. 12 No. 2 2010
11. Ibid, p 12
12. Ibid , p 17
13. CIA World Factbook, *Tajikistan,* on: www.cia.gov, sighted 08/03/08.
14. http://www.mongabay.com/history/tajikistan/tajikistan economic_conditions_in_the_early_1990s.html
15. Viloyat Mirzoeva, *Gender Issues in Land Reforms in Tajikistan,* (Economics and Rural Development) **,** Vol.5, No. 2, 2009 ISSN 1822-3346,.
16. World Bank*, Republic of Tajikistan: Poverty Assessment Update*. (World Bank) Report No: 30853-TJ, 06/01/05.
17. The updated data from Tajikistan Living Standard Survey will be ready in the second half of 2008.
18. Ravshan Grezoy, Development *Programs for Poverty Alleviation: Comparative study of micro finance program in two areas of Tajikistan*, Drew McDaniel, Interim Director, Center for International Studies, June 2008.
19. World Bank 2005, *Republic of Tajikistan Poverty Assessment Update*. Report No. 30853-TJ, page ix.

20. Tajikistan: *Market Profile for Emergency Food Security Assessments*, (Prepared by: Abdolreza Abassian, Economic and Social Department, Commodities and Trade Division, Food and Agriculture Organization of the United Nations (FAO).

21. Food and Agricultural Organization of United Nations, Asian wheat producing countries:http://www.fao.org/ag/AGP/AGPC/doc/field/Wheat/asia/tajikistan.htm#institutes\

22. Based on WFP food prices collected weekly since 2004.

23. A leading provider of credit in Tajikistan is the Aga Khan Foundation which is also the most active NGO in *GBAO*. In 2003, the Foundation provided credit (cash and kind) to 12176 households in *GBAO* under its *Mountain Societies Development Programme (MSDSP)*. However, with an estimated regional population of 200 000 in 2003, access to credits was still limited.

24. State Committee on Statistics Republic of Tajikistan. 2005. *Food Security and Poverty in the Republic of Tajikistan.* Information Bulletin No. 4, 2004. Dushanbe.

25. UNDP. *The Case of Tajikistan: Some Issues for Discussion*, UNDP

26. UNDP, *Employment in the context of human development, National Human Development Report 2008-2009*, DUSHANBE – 2010 page no. 86

27. Republic of Tajikistan, *Living Standards Measurement Survey 2007. Dushanbe 2009*. 24 p.

28. World Bank, *Tajikistan Education Sector Review* (forthcoming), World Bank, October 2002, pp 6-7.

29. FAO/EBRD, *Expanding Finance in Rural Areas,* Food and Agriculture Organization of the United Nations (FAO) investment centre/ EBRD report series - N. 11 - AUGUST 2006, p.24

30. Tajikistan, *Poverty in the Context of Climate Change*, (National Human Development), Report 2012, p.74.

****