# Tajikistan

## Submission to the UN Universal Periodic Review

## KEY CONCERNS REGARDING VULNERABLE GROUPS (DV SURVIVORS, LGBT+ PERSONS, PEOPLE LIVING WITH HIV, PEOPLE WITH DISABILITIES, HOMELESS PEOPLE, REFUGEES)

**For the 53rd session of the UPR working group**

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## MAIN SUBMITTING ORGANISATION:

**International Partnership for Human Rights (IPHR**) is an independent, non-governmental organisation founded in 2008. Based in Brussels, IPHR works closely together with civil society groups from different countries to raise human rights concerns at the international level and promote respect for the rights of vulnerable communities in repressive environments.

## CO-SUBMITTING ORGANISATIONS:

**Helsinki Foundation for Human Rights (HFHR)** is the oldest and most experienced non-governmental organization in Poland that works for the protection of human rights in Poland and in Eurasia. The Foundation's Eurasia Department works on the relocation and protection of human rights defenders (HRHub), human rights education (PRLab) and international justice. It has closely cooperated with Tajikistani NGOs on human rights, freedom from torture and penitentiary reform.

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# 1) Introduction

1.1. This submission covers human rights protection of vulnerable groups in Tajikistan. It is based on ongoing cooperation by IPHR, local partners, and HFHR.

1.2. During the Universal Periodic Review (UPR) in November 2021, Tajikistan received important recommendations related to improving the protection of people affected by domestic violence, LGBT+ persons, people living with HIV, persons living with disabilities, homeless persons and refugees and asylum seekers.

1.3. This submission provides more details on these issues, with recommendations to the Tajikistani authorities.

1.4. We welcome the attention of OHCHR to these issues and urge UN member state delegations to prioritise them during the upcoming UPR.

# 2) Survivors of Domestic Violence

2.1. Domestic violence (DV) against women is widespread across Tajikistan although the exact number of such cases is unclear as authorities do not publish comprehensive statistics on such crimes. While individual state agencies periodically issue DV statistics disaggregated by sex, they do not systematically record the relationship between victims and perpetrators,[1] complicating efforts to establish the extent of the problem and ways to address it.

2.2. During the period under review, a new Criminal Code was drafted, although the timeline for adoption is not known and CSOs have no access to the current draft. The most recent draft available to civil society in 2021/2022 included a separate article on DV,[2] penalising physical violence, isolation, intimidation, control, economic deprivation, and neglect. However, the draft article did not encompass all forms of violence recommended by UN bodies, notably all forms of psychological violence, marital rape, and sexual assault. Penalties proposed included fines, correctional labour, or up to 40 days' detention for minor harm inflicted on a family member. Harming multiple family members, moderate harm, or violence against a pregnant woman, child, or vulnerable person, could lead to up to three years' imprisonment. However, advocates argue that these punishments are insufficient and should align with penalties for comparable crimes committed outside the home to ensure appropriate deterrence.

2.3. During the February 2024 review of Tajikistan by the UN Committee on the Elimination of Discrimination against Women (CEDAW), Justice Minister Muzzafar Ashuriyon stated that the revised Criminal Code could impose up to 10 years' imprisonment for severe DV crimes, particularly in cases involving sexual violence.[3]

1 see *https://iphronline.org/wp-content/uploads/2024/03/eng-tajikistan-dv-report-march-2024.pdf*. The Ministry of Internal Affairs tracks statistics of the cases of DV with which they work. Judicial statistics on GBV crimes, including DV, are not publicly available and fail to disaggregate cases by the relationship between the victim and the perpetrator. Some judicial statistics on gender-based crimes (e.g. sexual violence, harmful practices) are published in national reports submitted to the UN statutory and treaty bodies.

2 Article 153

3 *https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhskcAJS%2FU4wb%2BdlVicvG05RyLdsQnsnsPToAlkb%2Fw8QtNsjX1Pwh5J5Cjg1b AOdNbgKGwar43KBcqhc6vdvUfsKq%2FmajKSBlYXGT2PH%2FkT08s*

2.4. However, civil society experts expect sanctions under some provisions in the draft Criminal Code to be significantly more lenient than those in the current Criminal Code, as the draft is intended to humanise criminal policy, including through the mitigation of penalties and the decriminalisation of certain acts.

2.5. In 2024, amendments were introduced to the Law on the Prevention of Domestic Violence[4] to expand the definition of domestic violence to cover not only physical, psychological, sexual, and economic violence, but also neglect. This wording may apply in cases of neglect of children, elderly persons, and relatives with disabilities. This increases legal protection for dependents subjected to violence without explicit physical abuse. The concept of "humiliation of dignity" has been introduced, to qualify systematic psychological pressure and verbal abuse as forms of DV, even without bodily injury. The revised article provides for moral harm as a consequence of violence, expanding opportunities for victim protection, including access to compensation mechanisms, psychological assistance, and social support measures.

2.6. The definition now includes a reference to a perpetrator "violating or capable of violating rights and freedoms," allowing early intervention through protective orders, and other preventive measures. Importantly, the amendments include forced or intentional deprivation of liberty, addressing practices such as isolating victims, restricting their movement, prohibiting communication with relatives, and limiting access to resources. This is significant given existing negative practices and stereotypes regarding women.

2.7. The revised definition covers persons "cohabiting and maintaining a joint household," expanding protection to partners in de facto marital relationships; former partners who continue to live together; and other relatives residing in the same household. In addition to harm to mental and physical health and personal development, the new definition adds "violation of rights and freedoms," linking psychological violence to developmental harm and restrictions of fundamental rights.

2.8. The law now guarantees free medical assistance; establishes the right to compensation for moral and material harm; expands the list of authorities to which victims may apply; and strengthens rehabilitation provisions.[5]

2.9. On protection of children in DV cases, amendments[6] require internal affairs bodies to notify the Commission on the Protection of Children's Rights of every DV case involving a child.

2.10. Since 2018, there has been progress in providing medical care, shelter, and counselling services to victims of DV, including setting up a Republican Centre for Social Services under the Ministry of Health and Social Protection. However, the sustainability of these services is uncertain, as they are largely dependent on short-term support from international donors.

2.11. Despite these legislative improvements, research by IPHR[7] and partners indicated that the overall situation for DV victims has not changed; the government has failed to provide sufficient funding to ensure

4 As amended on 20 June 2024 and on 13 November 2024.

5 Article 6

6 To Article 11

7 *https://iphronline.org/wp-content/uploads/2024/03/eng-tajikistan-dv-report-march-2024.pdf*

DV victims have access to shelter The state has failed to implement the necessary structural reforms that would demonstrate that it takes DV seriously, will hold perpetrators accountable and invest the necessary funds and other resources in victim protection initiatives.

2.12. Officials often demonstrate limited understanding of the gendered nature of domestic violence. Police responses frequently fail to support victims, with reports of officers pressuring women to reconcile with abusive spouses rather than investigating violent incidents. There are insufficient police officers to respond to DV emergencies, especially in rural areas. Victims report being mocked by police, or pressured to reconcile with their abusers, highlighting a critical gap in institutional response and awareness.

2.13. Police instructions prioritise "preventive measures" over accountability in DV cases,[8] and fail to provide clear procedures or risk assessment guidelines. They refer to "conflicts" rather than violence and emphasise the "preservation of the family" and measures to "strengthen the family".[9] For example, police are instructed to determine "who started the conflict",[10] framing DV as a mutual dispute rather than recognising its gendered nature, and patterns of coercive control. The definition of "violence in the family" in police instructions is limited to married couples, excluding other intimate relationships. This approach is not in line with international standards and fails to reflect a victim-centred framework.

2.14. In most cases, police protective orders are ineffective because victims are economically dependent on the perpetrator or his family, lack alternative accommodation, and cannot obtain legal assistance or access rehabilitation services.

2.15. When women attempt to pursue justice, they face numerous obstacles. Only DV offences which result in serious injury are prosecuted ex-officio by the state, and women victims of minor bodily harm are required to pay a private lawyer to pursue complaints as "private prosecutions" through the ordinary criminal courts.

2.16. They are also responsible for gathering the medical evidence of injury themselves. Although by law, DV victims are entitled to free medical examinations with a police referral, in practice even women involved in criminal proceedings against their abusers have to pay if they want to obtain proof of their injuries. If the woman has a police referral, the medical findings are often sent directly to the police rather than the victim herself. Without an official referral, victims have to pay.

2.17. Additionally, DV victims face pressure from police and courts to reconcile with the abuser and the challenge of finding and a safe place to stay and the resources to build a new life without state support.

2.18. There are significant systemic shortcomings in responding to sexual violence against children. Criminal investigations are undermined by weak inter-agency coordination among law enforcement, social services, education, and health agencies. There are no comprehensive standards for assessment of a child's living conditions. Systematic violence often remains undetected, and warning signs – such as child pregnancy – do not automatically trigger urgent interventions. Mechanisms for early prevention and child protection in cases of intra-family violence are insufficient and inefficient.

8 Para. 4 of the police instructions.

9 Para. 6 ibid.

10 Para. 23, ibid.

2.19. Serious procedural problems exist around interviewing child victims of sexual violence. There is a high risk of re-traumatization due to repeated questioning without the use of child-sensitive methods. Specialized child-friendly interview rooms are not sufficiently available or are underused, psychologists are not consistently involved in investigations, and video recording of initial interviews is not systematically used – leading to unnecessary repeat questioning of child victims. In cases of intra-family child abuse, children are vulnerable to pressure from relatives, yet safeguards to ensure independent representation and protection from contact with the alleged perpetrator are inadequate.

The law does not provide victims, including child victims of sexual violence, with state legal aid in criminal or administrative proceedings. Access to legal assistance depends on CSO support.

## KEY RECOMMENDATIONS:

- Introduce a separate article in the Criminal Code (CC) on "Domestic Violence," criminalising psychological violence (threats, coercive/ controlling behaviour, stalking), economic violence, marital rape and sexual assault. Reclassify CC Articles 112 ("intentional infliction of slight harm to health") and 116 ("beating") as public prosecution cases.

- Publish the draft CC and invite comments from civil society experts.

- Amend the definitions of DV in the Law "On Prevention of Domestic Violence", to include children who witness DV as victims.

- The Plenum of the Supreme Court should adopt a resolution providing guidance to courts on adjudicating cases of gender-based violence, including sexual violence. The guidance should address the nature, form, and causes of gender-based violence, including power and control dynamics and gender inequality.

- Amend legislation to ensure that victims of gender-based violence - including children - are entitled to free quality legal assistance.

- Guarantee psychological and legal assistance throughout proceedings and cease pressure on victims to reconcile with their abusers.

- Provide and adequately fund a sufficient number of shelters, medical treatment and temporary housing for DV victims and increase the number of gender-specialized police officers, particularly in rural areas.

- Actively promote the recruitment and appointment of women judges.

**Sexual violence against children**

- Strengthen and clarify inter-agency coordination mechanisms.

- Introduce automatic emergency referrals in cases such as child pregnancy.

- Reinforce the role of child protection services in identifying and responding to intra-

family violence. Ensure that child victims are interviewed once, in a specialized setting, with mandatory video recording and a psychologist present. Prohibit confrontations between child victims and alleged perpetrators.

- Provide training for investigators and prosecutors on child-sensitive procedures and the handling of digital evidence in sexual violence cases.

- Guarantee state-funded legal aid for child victims of sexual violence.

# 3) LGBT+ Persons

3.1. Police often arbitrarily detain LGBT+ people, particularly gay or bisexual men or trans women, and subject them to torture, sexual abuse, other forms of ill-treatment and insults. Officers also frequently seize phones without warrants, search private messages and social media for intimate photos, and charge individuals with "production or distribution of pornographic materials using mass media or the internet."[11] There are cases where police created fake social media accounts, engaged with individuals online, requested intimate photos, and used these communications as evidence in criminal proceedings. Sharing intimate images even within private messaging groups may be classified as pornography, punishable by six to ten years' imprisonment. Police have used private photos for blackmail and copied contacts to target others.

3.2. Homo- and transphobia are widespread and police exploit LGBT+ persons' fears of being outed to family, colleagues or authorities in order to extort money. If their sexual orientation or gender identity is exposed – whether to neighbours, employers, or others – LGBT+ people often face rejection by their families, social ostracism, and job loss.

3.3. LGBT+ people rarely lodge complaints about torture, ill-treatment or other human rights violations for fear of reprisals and exposure of their sexual orientation or gender identity. There is no functioning mechanism in place that would protect complainants and witnesses who identify as LGBT+ or raise LGBT+ issues.

3.4. LGBT+ rights organizations and lawyers defending LGBT+ clients face persecution, leaving almost no public advocacy groups in Tajikistan. Few lawyers are willing to take on LGBT cases, and those who are LGBT+ themselves are at particular risk.

### NO POLITICAL WILL TO ADDRESS HUMAN RIGHTS VIOLATIONS AFFECTING LGBT+ PEOPLE

3.5 Although key patterns of human rights violations against LGBT+ persons have repeatedly been raised by intergovernmental organizations and human rights groups in recent years, the Tajikistani authorities have failed to address them. While Tajikistan has integrated many recommendations from UN treaty bodies on other human rights concerns into its National Strategy on Human Rights (NSHR) and relevant national action plans, not one of the LGBT+-related recommendations has been incorporated. They have not recognized the vulnerability of LGBT+ people in the country, nor have they published information on any targeted measures to prevent human rights violations affecting LGBT+ people.

11 Article 241, part 3b of the Criminal Code

3.6 The authorities' removal of "gender identity" and "sexual orientation" as prohibited grounds for discrimination from the draft Law on Equality and Elimination of all Forms of Discrimination (Anti-Discrimination Law) before adoption in July 2022, illustrates the lack of political will to commit to countering the glaring discrimination faced by LGBT+ people. Instead, officials have on several occasions publicly presented LGBT+ people as alien to Tajikistan's culture and values and portrayed the government as the upholder of morality and tradition.

### TRANS PEOPLE FACE ADDITIONAL PROBLEMS

3.7 Trans people face additional problems when an individual's appearance is not consistent with the name and sex indicated in their passport. It is then impossible to find a legal job, open a bank account, study at university or vote and they may encounter problems from border guards when wishing to leave the country. Many trans people thus end up engaging in sex work to make ends meet and to earn money to pay for hormones and medical procedures. National legislation provides for amending identity documents following sex reassignment surgery but, according to an October 2020 Ministry of Health and Social Protection reply to an inquiry from a Tajikistani gender expert, no sex reassignment surgeries are available in Tajikistan.

## KEY RECOMMENDATIONS:

- Amend the Law on Equality and the Elimination of All Forms of Discrimination to explicitly include "gender identity", "sexual orientation", and "HIV status" as protected grounds against discrimination.
- Publicly condemn human rights violations such as police abuse and discrimination against LGBT+ people.
- Include the protection of the rights of LGBT+ people in NSHR action plans.

# 4) People Living with HIV

4.1 Compared with the previous reporting cycle, legislative discrimination against people living with HIV (PLHIV) has increased. The adoption of the Law "On Equality and the Elimination of All Forms of Discrimination" has not had a positive impact on PLHIV, although it prohibits discrimination on health grounds.

4.2 In December 2025, Law No. 2213 "On Amendments to the Health Code" was adopted. On the positive side, it recognises that PLHIV with an undetectable viral load after treatment do not transmit HIV to sexual partners and provides for social benefits to children living with HIV from age 16 instead of 18 previously.

4.3 However, other provisions worsen the situation of PLHIV and violate their rights to physical and mental health, privacy, and protection from discrimination. Article 162 requires PLHIV to follow prevention instructions from medical workers when in contact with healthy individuals. However, these instructions are not clearly defined in the Health Code nor in official clinical protocols. The law also fails to obligate doctors to take preventive measures against HIV transmission during medical procedures.

4.4 Article 125 of the Criminal Code punishes HIV exposure and transmission, by from two years' to ten years' imprisonment. In a positive step, the Supreme Court's Plenum adopted a resolution on 26 December 2023 calling for a more objective application of this article in line with international standards, including the "Undetectable = Untransmittable" (U=U) principle. However, civil society sources report that prosecutions under this article continue—and are even increasing.

4.5 Serious human rights concerns arise from the introduction of mandatory HIV testing. The new requirements in Article 167 of the Health Code provide that virtually anyone may be subjected to mandatory HIV testing, conflicting with international human rights standards and the 2016 UN Political Declaration on HIV and AIDS, to which Tajikistan voluntarily committed, and which emphasises voluntary, confidential, and safe testing to increase access to HIV testing and counselling.

4.6 Furthermore, HIV treatment is now effectively mandatory, in violation of Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). The UN Committee on Economic, Social and Cultural Rights (CESCR) has clarified that restrictions on rights must be proportionate and that the least restrictive option must be chosen. Even when restrictions are allowed for the protection of public health, they must be temporary and subject to oversight.[12]

4.7 The vague wording of the obligation not to transmit HIV leads to criminal prosecution of PLHIV ,[13] requires PLHIV to follow instructions from medical personnel to prevent the transmission of HIV, take preventive measures when in contact with healthy individuals, and undergo antiretroviral therapy (ART).

4.8 However, neither the Health Code nor Ministry of Health and Social Protection clinical protocols define what these preventive measures entail or who is responsible for assessing compliance. These vague provisions create broad grounds for prosecution under CC Article 125 (1) and in recent years an increasing number of cases have been opened under this provision.

4.9 PLHIV are required by law to take antiretroviral therapy (ART), potentially reducing doctors' accountability for negligent treatment, or failure to provide information about HIV and its transmission and treatment. Instead, doctors may simply refer patients to the police if they fail to follow medical recommendations. Article 162(5) of the Health Code stipulates that failure to comply with medical instructions or hospital rules may result in liability under national legislation. Under Article 119 of the Code of Administrative Offences, evasion of mandatory medical examination or preventive treatment for HIV can lead to fines from the equivalent of USD 65–248.[14]

4.10 PLHIV are required to disclose the source of their infection and identify contact persons who may pose an infection risk. This effectively obliges people to inform authorities about their sexual partners. Failure to do so is an administrative offence,[15] violating their right to privacy which is protected by national and international law.[16]

4.11 According to civil society sources, most people living with HIV are women – often described

12 Paragraph 29 of General Comment No. 14 – The Right to the Highest Attainable Standard of Health (Article 12). Twenty-second session (2000). Committee on Economic, Social and Cultural Rights.

13 Under Article 125(1) of the Criminal Code, and Article 162(4) of the Health Code.

14 *https://nbt.tj/ru/kurs/kurs.php*

15 Article 120 of the Code of Administrative Offences

16 Article 23 of the Constitution and Article 17 of the ICCPR

as “ordinary housewives” – who were infected by their husbands. According to human rights activists, authorities and large parts of society believe that they are sex workers and blame them for contracting HIV. Some 97 per cent of women living with HIV are non–sex workers. Many are economically dependent on their families and are exposed to domestic violence; some are expelled from their homes after their husband’s death. Faced with stigma, isolation, and a lack of support, many women experience severe distress.

4.12 Approximately 600 children living with HIV were registered in 2025, despite their parents being HIV-negative, suggesting that many infections may have occurred through medical procedures in institutional settings. However, hospitals do not acknowledge this possibility and instead classify such cases as having an “unknown source” of infection.

4.13. People living with HIV’s rights to education are restricted by a 2025 Ministry of Health decree[17] which restricts their right to study medicine.

4.14 Under Article 13 of the anti-discrimination law, the Ombudsperson must conduct anti-discrimination reviews of all draft laws. However, no such a review was conducted for the Health Code, prior to the adoption of the discriminatory provisions described above.

4.15 Tajikistan failed to implement UN CESCR recommendations of 2022 and of CEDAW Committee in 2018 and 2024. In particular, the authorities have not repealed CC Article 125 or Articles 119 and 120 of the Code of Administrative Offences, nor amended discriminatory government decrees.

4.16 People who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM), and transgender individuals face intersecting forms of discrimination – when they are also PLHIV, as members of key populations at higher risk of HIV infection, and based on gender, sexual orientation, or gender identity. (For further information on human rights violations of LGBT+ people refer to the chapter on LGBT+ above.)

4.17 In criminal cases involving PWID, who have participated in opioid substitution therapy (OST) for many years, courts additionally prescribe compulsory treatment for drug addiction under Article 101 of the Criminal Procedure Code, without clarifying potential harm. OST is a voluntary medical programme focused on harm reduction, where clients are provided with methadone in single doses at designated, legalized, and licensed OST clinics, whereas compulsory treatment is based on isolation. The benefits of OST include a sharp reduction in HIV/hepatitis risks, decreased criminal activity, improved health, and better social integration, in contrast to the low effectiveness of compulsory measures.

4.18 Police often conduct so-called “morality raids,” during which SW are detained without proper arrest warrants, held for over three hours, forced to undergo HIV testing, and released after paying bribes directly to officers.[18] Administrative detention for suspected prostitution can also lead to criminal prosecution under CC Article 125 if HIV is detected during forced testing. These practices discourage voluntary HIV testing and treatment, particularly among SW and MSM, who fear that their personal data may be shared with law enforcement agencies.

17 Decree of the Ministry of Health No. 119 of 15 December 2025 “On Amendments to the Health Code of the Republic of Tajikistan”, Article 162: “Rights and obligations of persons living with the human immunodeficiency virus: 1. Persons living with the human immunodeficiency virus shall have the right to: education in all educational institutions, with the exception of medical educational institutions in which persons with diseases listed in the register approved by the Government of the Republic of Tajikistan and/or other regulatory legal acts may not study”.

18 *https://asiaplustj.info/en/node/340630*

4.19 Police also maintain registries of SW and MSM, violating the right to privacy and facilitating surveillance and harassment, as these lists are used by the police to monitor PWID and MSM and put pressure on them.

### KEY RECOMMENDATIONS:

- Consult affected communities and CSOs before adopting legislation affecting vulnerable groups, particularly PLHIV.
- Conduct an anti-discrimination review of the Health Code and submit findings to parliament and the government.
- Decriminalise voluntary adult sex work by removing Article 130 from the Code of Administrative Offences.
- Cease police "morality raids" and forced HIV testing of women.
- Establish mechanisms to monitor violence against sex workers.
- Provide economic support programmes, employment opportunities and access to reproductive health programmes for sex workers.

## 5) People with Disabilities

5.1 From 2023–2025 Tajikistan made some progress in protecting the rights of people with disabilities (PwD) although the adoption of a human rights–based approach with preparations for the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) were not met. The NSHR National Action Plan highlights CRPD ratification and implementation as a central activity, but ratification remains pending.

5.2 On a positive note, an institutional and policy framework was developed after the CRPD signing in 2018, a National Action Plan was adopted, a Presidential working group established, and the Ombudsperson reported on legislative reforms and accessibility monitoring.

5.3 CSOs, including PwD organisations and parents' groups, participated in consultations and advocacy efforts. However, the process has lacked transparency: working group reports are not publicly available, engagement with civil society has been limited, and the government has not provided comprehensive information on implementation.

5.4 By law, guarantees of equality specific provisions for PwD exist. Anti-discrimination norms are included in the Constitution, labour law, equality legislation, and the law on social protection of PwD. Measures include employment quotas, the right to reasonable accommodation, adapted working conditions, and tax incentives for employers. Importantly, denial of reasonable accommodation is legally recognized as a form of discrimination, in line with international standards, although consistent enforcement is lacking. Amendments to labour legislation from 2026 further strengthened equality and non-discrimination in employment.

5.5 However, in practice, progress is uneven. Although information policies promote inclusion in education, including references to sign language, Braille, and specialist education, these measures are not implemented in practice. Social protection legislation recognises sign language but it is not fully integrated into education and public services. Access to justice remains limited, with needs for accommodation for PwD, such as mobile services and accessible information acknowledged but not consistently implemented. 5.6 Data on the right to work shows that between 2022 and 2024, 850 PwD (including 338 women) applied to employment services, and 532 individuals from vulnerable groups (including 194 women) were employed through quota mechanisms in public and private sectors. However, structural barriers persist: quotas are not gender-sensitive; women with disabilities are not recognized as a distinct group facing multiple discrimination; and targeted legal measures are lacking. Ongoing barriers include inaccessible infrastructure, limited adapted workplaces, employer stereotypes, lack of information, and weak social and practical support. A significant percentage of women with disabilities reported discrimination or the need to conceal their disability when seeking work.

Thus, although progress has been made in establishing legal and policy frameworks the system remains oriented toward social protection rather than a full rights-based approach.

5.6 In December 2025, the Ministry of Health and Social Protection announced new approaches to supporting PwD, including case management, intersectoral coordination, development of rehabilitation and assistive technologies, improved access and better conditions of residential care. Currently these plans remain for policy intentions rather than implemented outcomes.

5.7 Data from the first half of 2025 shows 170,699 PwD, and indicates an expansion of social, rehabilitation and specialised services including 44 social service units and 57 rehabilitation centres, although gaps in service infrastructure persist.

## KEY RECOMMENDATIONS:

- Ratify the Convention of the Rights of Persons with Disabilities and adopt a roadmap for its implementation, with clearly defined mechanisms for implementation.

- Ensure that the new 2026–2028 NSHR Action Plan incorporates unfinished measures from the last Action Plan with a focus on concrete outcomes, and introduces clear, measurable indicators and monitoring mechanisms to track progress toward a human rights–based model of disability.

- Align national legislation with international disability rights standards by adopting implementing regulations, clarifying criteria for reasonable accommodation and ensuring effective enforcement and access to judicial remedies.

- Establish and enforce access standards to buildings, transport, public services, and digital spaces, supported by mandatory monitoring systems and accountability mechanisms.

- Ensure inclusive access to education, justice, and employment; develop inclusive

education systems, provide accessible legal procedures and legal aid, strengthened employment measures, and targeted policies addressing the needs of women with disabilities and other groups facing multiple discrimination.

- Introduce disaggregated data collection, institutionalise the participation of PwD CSOs in decision-making and monitoring, and expand community-based services, rehabilitation, and independent living support to reduce reliance on institutional care.

# 6) Homeless People

6.1 An analysis of measures related to the right to adequate housing and the protection of the rights of homeless persons shows that, in Tajikistan, progress has been limited, with significant gaps remaining, particularly in terms of institutionalising a human rights-based approach. Most key measures from the first NSHR Action Plan—including the development of a statistical system, expansion of social housing mechanisms, and removal of access barriers—have not been fully implemented.

6.2 The right to housing is enshrined in the Constitution and national legislation, and supported by Tajikistan's international obligations, including under the ICCPR. t In recent years, steps have been taken to develop a system of social housing, including amendments to the Housing Code and the adoption of by-laws regulating the registration of those in need and the provision of housing under social tenancy agreements.

6.3 An important development is the inclusion of the right to adequate housing in the NSHR which provides for housing and shelters, as well as the application of a human rights-based approach to evictions. The 2023–2025 NSHR Action Plan includes the development of a mechanism for collecting statistical data on homeless persons, essential to inform effective policymaking.

6.4 Certain elements of a social support system are in place, including temporary accommodation and rehabilitation centres that provide basic services (temporary shelter, food, medical assistance, and document restoration). These measures indicate recognition of the issue at the state level and the existence of practical response mechanisms.

6.5 However, despite these positive steps, analysis shows that in practice homeless persons find it difficult to access housing. Key challenges include that national legislation does not contain a unified definition of "homelessness," which complicates the development of targeted programmes and the identification of this population group.

6.6 There is also a lack of reliable data and statistics on homeless persons. Existing data are fragmented, significantly limiting policy planning and assessment of the scale of the issue: The 2020 census omitted homeless persons entirely, while local studies have estimated their number at around 500 in the Sughd region alone.[19]

6.7 Socio-economic causes of homelessness include poverty and unemployment, migration; lack of affordable housing; family circumstances; debt and fraud.

19 Accessible Law 2025: Realization of the Right to Housing for Homeless Persons in Tajikistan: Challenges and Prospects.

6.8 Barriers to access to social housing are dependent on registration (residency permit) and documents which homeless persons often do not have and which prevent them registering as beneficiaries. Existing procedures do not take into account the specific vulnerabilities of this group.

6.9 The absence of identity documents creates a chain of restrictions including the inability to access medical care, education, employment, and social protection; and the inability to benefit from housing programmes.

6.10 Administrative punishment for not having registration documents further exacerbates the situation of homeless persons and creates a cycle of exclusion.

6.11 Homeless persons face difficulties in accessing justice and defending their rights. They face particular obstacles when filing complaints, as legislation requires an address and identification documents.

6.12 Existing regulations do not always comply with international standards, including the prohibition of evictions that result in homelessness and the requirement to provide alternative housing.

## KEY RECOMMENDATIONS

- To effectively realise the right to adequate housing in Tajikistan, a shift from a social assistance approach to a rights-based approach is needed. A comprehensive, inclusive, and rights-based policies are needed which prevent and respond to homelessness, remove structural barriers, and ensure equal access to rights for all.

- Introduce definitions of “homelessness” and “social housing” into relevant laws; align housing legislation with international standards and incorporate a human rights-based approach to evictions.

- Amend Article 22 of the Housing Code to prohibit the demolition of residential buildings until full compensation and agreement are reached.

- Abolish Article 469 of the Code of Administrative Offenses (penalty for living without registration).

- Review registration and documentation requirements, develop alternative identification mechanisms such as temporary registration certificates, and abolish sanctions that exacerbate the situation of homeless persons.

- Develop the social housing system by simplifying registration procedures, expanding social housing stock and ensuring accessibility for vulnerable groups.

- Establish a data collection system by establishing a mechanism for statistical data collection, conduct regular monitoring and use data to inform policy development.

- Guarantee access to healthcare, education, and social protection, facilitate document restoration and develop mobile and outreach services.

- Prevent homelessness by developing and expanding family support programmes, regulating evictions and introducing early response mechanisms.

- Strengthen social support through the provision of more shelters and temporary accommodation centres, and the development of rehabilitation and integration programmes.

- Guarantee access to justice: ensure free legal aid and complaints' procedures.

- Strengthen cooperation on addressing homelessness among state bodies with the involvement of civil society.

# 7) Refugees and Asylum Seekers

7.1 During the reporting period, the rights of refugees and asylum seekers' and the prevention of statelessness were limited.

7.2 A positive step is the ongoing drafting of a new version of the Law "On Refugees", aimed at aligning national legislation with international standards. The draft provides for the introduction of a temporary protection mechanism, to respond to mass influxes of persons in need of international protection.

7.3 Some progress has also been made on the prevention of statelessness, including an amnesty for stateless persons and foreign nationals, which allowed a significant number of individuals to regularise their status.

7.4 Another positive development was the 2025 adoption of a new version of the law on civil status registration, simplifying birth registration procedures and removing administrative barriers.

7.5 However, measures outlined in the NSHR Action plan remain unaddressed: criminal legislation is not aligned to exempt asylum seekers from liability for illegal entry; there is no comprehensive refugee status determination procedure in place; procedures for determining the status of stateless person have not been adopted; international conventions on statelessness[20] have not been ratified and the harmonisation of by-laws is not complete. Despite formal recognition of the non-refoulement principle, asylum seekers are being forcibly returned. The lack of procedures, referral mechanisms, access to legal aid, and effective appeals procedures restrict access to international protection.

7.6 Significant challenges persist around statelessness, including the absence of a determination procedure and gaps in citizenship legislation that may lead to statelessness among children.

7.7 The lack of transparent processes, access for civil society monitoring, and public information on the reforms on statelessness complicate the situation.

7.8. The implementation of Tajikistan's NHSR provisions on asylum and statelessness remains fragmented, hindering access to international protection, compliance with non-refoulement, and the achievement of sustainable development goals, including legal identity for all.

20 1954 and 1961

## KEY RECOMMENDATIONS

- The NSHR Action Plan 2026-2028 should reflect a comprehensive system of international protection based on clear procedures, respect for the principle of non-refoulement, prevention of statelessness, and equal rights for all.
- Amend the Law “On Refugees” in line with international standards.
- Align criminal legislation with Article 31 of the Refugee Convention (exemption from liability for illegal entry).
- Implement a full refugee status and a statelessness determination procedure (interviews, legal aid, and appeals).
- Develop mechanisms for refugee integration and access to basic services.
- Ensure UNHCR and civil society access to procedures and monitoring.
- Ratify the 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness.
- Amend citizenship legislation to prevent statelessness among children.
- Remove barriers to birth registration, including by-laws and their implementation.
- Conduct awareness raising campaigns and train authorities on international standards of protection for refugees and stateless persons.