



Tajikistan: Nutrition Profile

Background

Tajikistan is a landlocked, low-income, food-deficient country that is the poorest of the five Central Asian republics. Strong economic growth in the decade after the 1997 civil war slowed during the 2008-9 global economic crisis, which affected remittances and exports of its main commodities, cotton and aluminum.¹ GDP growth has recovered, reaching 7.5 percent in 2012, due to tighter fiscal policy, currency depreciation, and increased support from development partners. Development of the agricultural sector, which employs almost half of the population and accounts for 26 percent of GDP, will be key to sustained growth; however, the sector remains challenged by the lack of arable land (only 7 percent of total land), predominantly mountainous terrain, harsh winters, and droughts.² The population is growing rapidly and 40 percent are under the age of 17, creating a need to improve public services and create jobs for this future generation. Tajikistan has already eradicated extreme poverty (MDG 1), but is not on track to reach MDGs 4 (reduce child mortality) and 5 (improve maternal health).³

Nutrition Situation

Three quarters of the population live in rural areas and spend 60-80 percent of their income on food.⁴ One-third of the population is affected by food insecurity, and more than 30 percent of those households are severely food insecure.⁵ The rate of stunting in children under five has slightly decreased in the past four years, but acute malnutrition and underweight have increased. Undernutrition is the underlying cause of 35 percent of child deaths. The rate of exclusive breastfeeding has increased but is still low, with only one-third of infants being exclusively breastfed. Undernutrition persists due to food insecurity, as well as lack of parental knowledge about managing common childhood illnesses, child feeding practices, and seeking timely medical attention. It is further intensified by inadequate ability to manage undernutrition at the primary healthcare level.⁶ Tajikistan also has one of the lowest rates of access to clean water—with 42 percent of households lacking access—which along with poor hygiene and sanitation, increases diarrheal disease incidence and further exacerbates undernutrition, especially in children.⁷ Regional disparities in stunting exist, with the prevalence ranging from 19 percent in Dushanbe to 27 percent in Sughd and Khatlon. Rural children and children born to mothers with less education are more likely to be stunted.⁸

Tajikistan Nutrition Data		
Population	7.6 million	
Population under 5 years of age (0–59 months)	883,000	
	MNSS 2009⁹	DHS 2012⁸
Prevalence of stunting among children under 5 (0–59 months)	29%	26%
Prevalence of underweight among children under 5 (0–59 months)	8%	12%
Prevalence of wasting among children under 5 (0–59 months)	5%	10%
Prevalence of anemia among children aged 6–59 months	29%	n/a
Prevalence of anemia among women of reproductive age (15–49 years)	24%	n/a
Prevalence of thinness among women of reproductive age (15–49 years)	7%	11%
Prevalence of children aged 0–5 months exclusively breastfed	23%	34%
Prevalence of breastfed children aged 6–23 months receiving a minimum acceptable diet	n/a	17%

National Nutrition Policies

The government is working closely with development partners to improve food security and nutrition. A National Health Strategy includes nutrition-sensitive policies and plans, and a Food Security Council (FSCT) was established in 2013 to coordinate decision making concerning food security. The Nutrition and Food Safety Strategy 2013–2020 was also finalized in the same year, but has not yet been approved by the government. It focuses on two key issues: the double burden of malnutrition (stunting, micronutrient deficiencies, and overweight) and prevention of food-borne diseases and nutrition-related non-communicable diseases.¹⁰ In 2013, Tajikistan joined Scaling Up Nutrition (SUN), a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. USAID and UNICEF are donor co-conveners for the SUN initiative in Tajikistan.

USAID Programs: Accelerating Progress in Nutrition

Highlighted Bilateral Nutrition Projects in Tajikistan				
Project Name	Year Awarded	End Date	Objective	Funding Stream(s)
Maternal and Child Health Project	2008	2015	Improves the health and nutrition status of women and children under five and engages local communities, especially pregnant women, mothers of children under five, and their mother-in-laws and husbands in health and nutrition discussions and links them with maternal and child services; trains the Health Department to improve delivery of quality maternal and child health services; helps plan and evaluate activities; and teaches schoolchildren health, hygiene and nutrition skills.	MCH, FP and Nutrition Funds
UNICEF Micronutrient Supplementation Grant field support	2013	2015	With USAID support, UNICEF assists the Ministry of Health in planning for, procuring, distributing, and monitoring micronutrient commodities and supplemental products. The project also assists the Ministry in the finalization and dissemination of the “Infant and Young Children Feeding Counseling Package,” which will serve as the national guidelines for the healthy feeding of children under two years.	Nutrition and MCH Funds

Improvement of Universal Salt Iodization in Tajikistan, Global Alliance for Improved Nutrition (GAIN) field support	2012	2014	The project assesses the salt iodization situation in Tajikistan in general and Khatlon in particular. It develops an action plan to address supply, demand, advocacy and M&E in order to achieve universal salt iodization in Khatlon, and provides technical assistance to the Government of Tajikistan in support of salt iodization.	Nutrition Funds
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Feed the Future Progress

Feed the Future, the U.S. Government’s global hunger and food security initiative, aligns with the country’s investment priorities and works with the World Bank-managed Global Agriculture and Food Security Program (GAFSP). The Feed the Future strategy focuses on the critical issue of food security by helping farmers improve production, income, and nutrition on household and small private farms; building local capacity to develop agricultural and health extension systems; and providing policy support to implement agrarian reform in selected districts. The Feed the Future initiative incorporates gender issues, working with women to improve agricultural productivity and health knowledge to ensure better nutrition and health for the family, especially children. The Feed the Future initiative is implemented in 12 districts of Khatlon Province in the southwest region, along the border of Afghanistan. Khatlon is a major agriculture-producing region with the highest rates of undernutrition and the largest number of people living below the poverty line. Khatlon’s irrigated watersheds and cotton-dominated agricultural production are promising places to demonstrate the effect of water and land reforms and crop diversification.

USAID/Tajikistan Feed the Future Targets for 2017

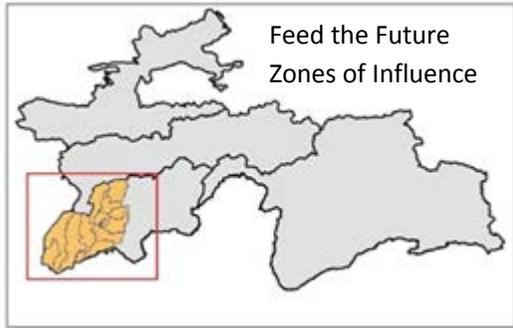
- Help an estimated 201,000 vulnerable Tajik women, children, and family members—mostly smallholder farmers—escape hunger and poverty.
- Significant numbers of additional rural populations will achieve improved income and nutritional status from strategic policy engagement and institutional investments.

Globally, the Feed the Future initiative has two primary goals: increase incomes and improve nutrition outcomes. Unfortunately, in Tajikistan, when target beneficiaries receive additional income, they are unlikely to spend necessary money on increasing their consumption of nutritious foods. This is further supported by USAID’s FEEDBACK PBS, which found only a 1 percent poverty rate, but a 30.7 percent stunting rate in the FTF ZOI. As a result, Feed the Future targets beneficiaries through health and nutrition-sensitive agriculture interventions to improve the composition of their daily diets and access and use of water, sanitation, and hygiene facilities leading to better nutrition outcomes.

The **Maternal and Child Health Project (MCH)** is an extension of an earlier Mercy Corps project that was outside of the Feed the Future zone of influence; however, it has since moved into Khatlon, as of July 2013. This project will provide nutrition and health leadership and technical expertise, as well as complement other food security, agricultural production, and income generation activities in the region. Project objectives include improving infant and young child feeding, caring, and health seeking practices; increasing the coverage and quality of maternal and newborn care; and increasing the capacity of facilities to deliver quality health services (especially counseling and nutritional support for mothers). In addition to activities that build facility and community care capacities, this project also includes BCC on Essential Nutrition and Hygiene actions (ENA/EHA).

In FY2012, Feed the Future worked with lead farmers to host 457 household demonstration plots to showcase improved crop varieties for income and home consumption. It also established 115 women’s savings groups, involving 2,343 women, to

increase access to productive economic assets, and trained 1,491 people in food preservation and improved health and nutrition. In FY 2013, Feed the Future trained 1,743 women in complementary feeding, improved diets for pregnant women, and the importance of exclusive breast feeding. In FY 2014, Feed the Future will train approximately 220,000 people in child health and nutrition practices. Starting in FY 2014, Feed the Future will amplify nutrition-sensitive agriculture and sanitation interventions to complement nutrition and maternal and child health efforts to reduce stunting.



Active Global Nutrition Mechanisms

A micronutrient project funded by UNICEF is in the design phase which plans to distribute prenatal micronutrients to pregnant women and micronutrient powder (Sprinkles) to children under two in the 12 Feed the Future districts. This project will be implemented by UNICEF, WHO, The Ministry of Health, and the Aga Khan Foundation, as part of an existing complementary feeding program. Another project in development is a salt iodization project with the **Global Alliance for Improved Nutrition (GAIN)**, working with UNICEF to enforce salt iodization laws.

Other USAID Nutrition-Related Development Assistance

The PEPFAR-funded **SUPPORT** project assessed HIV-related care and treatment services in Tajikistan and three other countries in Central Asia. The project will work with AIDS centers to integrate preventive and palliative care, and nutrition assessment, counseling, and support (NACS) for people living with HIV.

Tajikistan joined the “Committing to Child Survival: A Promise Renewed” campaign, and pledged to reduce under-five mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition.

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