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SPR Reading Guidance



Support for Tuberculosis Patients and their Families

Standard Project Report 2016

World Food Programme in Tajikistan, Republic of (TJ)



World Food Programme

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Country Context and WFP Objectives



Country Context

Tajikistan is a land-locked, food deficit country with a population of approximately eight million people, three quarters of whom live in rural areas. It is characterized by a mountainous landscape that limits arable land to just seven percent of its surface. Despite achieving lower-middle income status in 2015 and notable progress towards poverty reduction, Tajikistan remains the poorest among the Commonwealth of Independent States, with 47 percent of its population living on less than USD 1.33 a day. Remittances from labour migration are an important component to Tajikistan's economy, accounting for 36 percent of its gross domestic product (GDP) according to the latest 2016 World Bank estimates [1]. The economic downturn that has affected the region, derived by economic sanctions and a fall in global oil prices that hit the Russian economy starting in 2013, has negatively affected Tajikistan resulting in the drastic reduction of remittances. This has disproportionately affected the bottom 40 percent of the population. The country is suffering from an on-going crisis in the banking sector; non-performing loans have increased substantially to over 50 percent by the end June 2016, from 30 percent at the end 2015 [2].

Among countries in the Europe and Central Asia region, Tajikistan is classified as the most vulnerable to climate change and prone to frequent natural disasters. Environmental shocks, including earthquakes, disproportionately affect the rural poor, who have limited resources and capacities to adapt. According to a World Bank analysis, it is estimated that climate change has resulted in a 20 percent decline in agricultural productivity, which may increase poverty by 13 percent [3].

The 2016 Global Hunger Index (GHI), lists Tajikistan as having the highest rate of malnutrition among the former Soviet Republics; in addition, 33 percent of Tajikistan's population suffers from undernourishment [4]. Tajikistan

remains the only country in Central Asia that is categorized as facing 'serious' food security issues: experiencing an increase in undernourishment from 28 percent (1990-1992) to 33 percent (2014-2015). Nutrition indicators for the country, as measured by the latest Demographic Health Survey (2012), are the worst in Central Asia, and chronic malnutrition is of significant concern, with 26.8 percent of children 6-59 months suffering from stunting. Children affected by stunting are predominantly from poor households, with significant disparities between rural and urban areas. Regional variation ranges from 19 percent in Dushanbe to 27 percent each in the Sughd and Khatlon Regions. Prevalence of severe stunting is especially high among children in Sughd (12 percent) Khatlon (10 percent), Gorno-Badakhshan Autonomous Oblast (GBAO) and Districts of Republican Subordination (DRS) (9 percent each) [5].

Inadequate infant and young child feeding practices further exacerbate malnutrition, as only 20 percent of children 6-59 months receive an acceptable level of frequent and diversified diet. In Tajikistan, food insecurity correlates to certain health issues, in particular Tuberculosis (TB). Tajikistan ranks sixth highest in the region for cases of TB and is at especially high risk as the disease spread within families, affecting household income sources.

According to the Gender Inequality Index (2014), Tajikistan rates 69 out of 155. Whilst Tajik law guarantees the equality of men and women throughout all aspects of society, it is widely recognised that women face greater obstacles exercising their rights and accessing the labour market. Gender stereotypes and discriminatory social norms, are deeply embedded in society and disadvantage women. Women are consequently more affected by poverty due to gender-based discrimination in the labour market, wage disparities between women and men, access to economic resources, and reduced social protection for low-income households headed by women.

The Government of Tajikistan's strategic vision points towards the consolidation of development gains combined with an efficient and increased social protection system, including more focus on food security, education and healthcare. The current social protection system, however, focuses on protective measures and its coverage remains limited.

[1]. World Bank Group; KNOMAD: Migration and Remittances, April 2016. <http://pubdocs.worldbank.org/en/661301460400427908/MigrationandDevelopmentBrief26.pdf>

[2] World Bank; Macro-poverty outlook for Tajikistan, Sep. 2016

[3] World Bank; Tajikistan: Economic and Distributional Impact of Climatic Change. 2011

[4] Global Hunger Index 2016; <http://ghi.ifpri.org/countries/TJK/>

[5] Tajikistan, Demographic Health Survey 2012 <https://dhsprogram.com/pubs/pdf/FR279/FR279.pdf>

Response of the Government and Strategic Coordination

The Government of Tajikistan has organised its development priorities and objectives under the National Development Strategy (NDS 2016–2030) and the Mid-Term Development Strategy (MDS 2016–2020), which pursue structural consolidation and development gains, increased social protection measures and safety nets, together with a strong focus on food security, education and health care. WFP provides multi-sector support to the Government in its efforts to achieve Sustainable Development Goal (SDG) 2, ending hunger in Tajikistan.

WFP operated in coordination with the Government of Tajikistan and, in particular, the Ministry of Health and Social Protection and the Ministry of Education as cooperating partners in the School Meals Programme. WFP has been active in supporting the Inter-ministerial Coordination Committee on School Meals and in engaging local authorities to address School Meals activities.

A Memorandum of Understanding (MoU) was signed with the Agency of Forestry under the Government of Tajikistan for the implementation of tree plantation projects, and with the Committee for Emergency Situations and Civil Defense for collaboration in the area of emergency preparedness and response, disaster risk reduction and climate change adaptation. Areas of collaboration were framed while identifying roles and responsibilities for planning, implementing and monitoring the activities. Additional strategic coordination was established with the Committee of Environmental Protection under the Government for WFP to implement a climate adaptation project. The project will support short term and long term weather forecast and climate advisory to help rural communities manage their resources proactively and help mitigate damages caused by climate extremes. It will also support livelihood diversification at community level and will seek funding from the Green Climate Fund in 2017.

WFP activities are included under Tajikistan's United Nations Development Assistance Framework (UNDAF) for 2016–2020, and contribute to UNDAF priorities in health, education, social protection, food security and nutrition, resilience and environmental sustainability.

Strategic and operational partnerships have been discussed with technical partners, most notably the Food and Agriculture Organization (FAO) and the International Fund Agricultural Development (IFAD), to work together in strengthening local food production and supply chain, which will be integrated and support the WFP-led school meals programme. This cooperation aims to strengthen capacity and market opportunities to create a sustainable nutrition-sensitive school meals programme as part of the national safety net system.

Together with other United Nations agencies and development partners, WFP has supported the Government in nutrition-focused activities under the strategic coordination of the Scaling Up Nutrition (SUN) initiative, a movement led by countries that unites governments, civil society, the United Nations, donors, businesses and researchers, in a collective effort to improve nutrition. Since joining the SUN initiative in 2013, Tajikistan has established a dedicated Food Security and Nutrition Council, highlighting increased government commitment.

Strategic partnership with the United Nations Peacebuilding Fund has been established and will facilitate a three year cross-border cooperation project between Tajikistan and Kyrgyzstan implemented by United Nations agencies, including WFP, United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP) and United Nations Women (UNWomen). The project focuses on the promotion of coexistence and peaceful resolution of conflicts, in addition to conflict prevention and conflict management.

WFP and other United Nations agencies coordinated their actions by preparing and submitting two different joint proposals. The first, prepared with UNICEF, UNDP and United Nations Volunteers (UNV) and submitted to the SDG Fund, focused on designing integrated interventions to support the rollout of the Integrated Management of Acute Malnutrition approach. The second, developed in partnership with UNDP, United Nations Population Fund (UNFPA), UNICEF, and UNWomen, was submitted to the United Nations Trust Fund for Human Security. The proposals were designed to realise the NDS, with the primary aim being to strengthen the resilience of communities by reducing their vulnerability to climate change and disaster-related risks. Through this project, implementing United Nations Agencies will seek to reinforce national capacity for the continued analysis of application of the human security approach, both at national and at sub-regional levels.

WFP is a member of Tajikistan's Development Coordination Council (DCC) and chairs the DCC Food Security and Nutrition Cluster together with United States Agency for International Development (USAID). Through the Cluster, WFP contributes to the formulation of government policies and strategies in coordination with Tajikistan's development partners and the donor community. The cluster has advocated for food security and nutrition issues by regularly updating the Government on food security and nutrition priorities within the country.

In order to achieve its objectives, WFP has developed strategic partnerships with a number of non-governmental organizations (NGOs). The Russian NGO, Social and Industrial Food Service Institute (SIFI), provides technical support to WFP Tajikistan to carry out capacity strengthening activities within the School Meals programme.

A MoU was signed with Caritas Switzerland to support the development of a sustainable school meals programme. Under this partnership, the two organizations piloted the distribution of locally purchased commodities in Mumominobod, monitoring the pilot and exploring possibilities to expand it to additional schools. To complement the integrated approach towards a sustainable school meals programme, WFP is developing a partnership with Welthungerhilfe and local partners to optimize food-cooking processes in assisted schools, thereby improving the efficiency of energy consumption in schools under the school meals programme. Welthungerhilfe campaigns against worldwide hunger and works in the rural regions of Tajikistan for sustainable food and nutrition security. Through the MoU, Welthungerhilfe will provide technical expertise and supervision for the design of energy efficient stoves for the schools. In addition, they will advise on low cost, low energy consumption technologies for an effective utilization of available resources in schools.

Summary of WFP Operational Objectives

In 2016, WFP continued providing assistance through relief, recovery and development operations, in alignment with national priorities and in coordination with strategic partners and governmental actors. During the first quarter of the year, WFP completed the three main projects that had been active since 2010. Starting from April, these activities were consolidated under a new Country Programme, which frames WFP's action for the period 2016-2020.

Country Programme CP 200813 (2016-2020), approved budget USD 79.4 million will support the Government of Tajikistan's efforts to increase access to food and to improve nutrition, focusing on two interlinked components: i) Build and consolidate a national safety net system with a food security and nutrition focus, targeting the poorest and most food insecure households, and; ii) Enhance the resilience of food insecure and vulnerable rural communities exposed to recurrent natural and economic shocks. The Country Programme is aligned with the objectives of the Zero Hunger Challenge and the Sustainable Development Goals (SDGs). The Country Programme is committed to support WFP's Strategic Objective 1, to save lives and protect livelihoods in emergency; Strategic Objective 3, to

reduce risk and enable people, communities and countries to meet their own food and nutrition needs; and Strategic Objective 4, to reduce undernutrition and break the intergenerational cycle of hunger. All activities under the Country Programme are consistent with Tajikistan's NDS 2016–2030, and specifically with the two goals of the Mid-Term Development Programme 2016-2020: overcoming the critical level of food insecurity and providing equal access to social services. The programme will emphasize advocacy, policy development and capacity development with the Government, with a gradual reduction in direct implementation leading to a full hand-over of the school meals and the tuberculosis (TB) programmes to the Government by 2021.

Relief Operation: PRRO 200122 (2010-2016), approved budget USD 28.8 million addressed WFP's Strategic Objectives 1 and 2 by improving food access of food insecure people facing recurring natural disasters and socio-economic challenges. This activity has been implemented through the emergency response component and through a nutrition and a recovery component. Emergency response targeted households affected by shock or crises and aimed to protect their livelihoods. Nutrition activities were designed to address moderate acute malnutrition (MAM) in children between 6-59 months, and chronic malnutrition in children between 6-23 months and malnourished pregnant and lactating women (PLW). The recovery component aimed to support food security and livelihoods of targeted communities through food assistance for assets (FFA) activities, through which community assets were built or rehabilitated to support communities' food security.

Development Operations: DEV 200120 (2010-2016), approved budget USD 59.6 million and DEV 200173 (2010-2016), approved budget USD 12.6 million supported the country's social protection systems by implementing school meals programme activities, and by providing a food-based social safety net to TB patients and their families. The school meals programme targeted children living in rural food insecure areas, enabling them to access education and working as a social protection safety net. The programme aimed to strengthen the Government's capacity for taking ownership of the school meals programme through close cooperation with the Ministry of Health and Social Protection, the Ministry of Education and Science and through the Inter-ministerial Coordination Committee on School Meals and local authorities. Assistance to TB patients and their families sought to help to the most vulnerable and poorest households in Tajikistan.

Country Resources and Results

Resources for Results

Over the past five years, WFP Tajikistan has met 65 percent of the required funding to implement planned activities. WFP prioritized available resources with the consideration of country priorities and managed to assist 500,000 beneficiaries per year. Low resourcing levels negatively affected the quantity of food items provided to schoolchildren and the number of assisted food assistance for assets (FFA) sites. Under nutrition, moderate acute malnutrition (MAM) treatment was prioritized over prevention, for which no activities have been implemented.

The support extended to patients with Tuberculosis (TB) and their families was supported by the Global Fund for TB, HIV and Malaria up to 2013, and directly by WFP until 2015; and it was put on hold while discussing programme prioritization with Ministry of Health and Social Protection. WFP received specific funding to support capacity development and augmentation activities (CD&A) for the period of 2013-2015. As of mid-2016, planned CD&A activities were postponed due to delayed pledged contribution.

WFP is working on a resource mobilization strategy aimed at identifying new donor countries and private companies.

Achievements at Country Level

At the end of March, WFP closed all three of its operations: PRRO 200122, DEV 200120 and DEV 200173, which had framed WFP support for the last five years.

Following the alignment with the new United Nations Development Assistance Framework (UNDAF) for 2016-2020 [1] and priorities identified by the Government in the Mid-Term Development Strategy 2016-2020, WFP activities were reorganised into a new Country Programme that was designed on a five year cycle (2016-2020). WFP started implementation of the Country Programme in close collaboration with the Government of Tajikistan, United Nations agencies and other development partners. Capacity Development & Augmentation (CD&A) activities aimed to develop the Government's capacity to gradually take on the management of some WFP activities during the course of the Country Programme. The School Meals Inter-Agency Working Group, created by the Government to guide the legislative and management design of a forthcoming national programme, actively collaborated with WFP to develop a National School Meals programme. WFP assisted the Government in the implementation of the National Nutrition Protocol, strengthening the capacity of health staff at the central and local level and supporting community based management of acute malnutrition. Training events were conducted in 145 primary health centres with participation of more than 150 health department staff.

[1] https://www.unece.org/fileadmin/DAM/operact/Technical_Cooperation/Delivering_as_One/UNDAF_country_files/UNDAF_files_2015-2020/Tajikistan-UNDAF_2016-2020-Eng_final.pdf

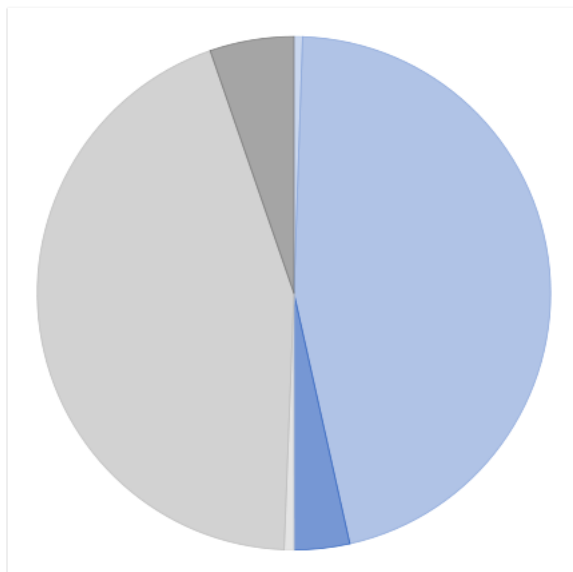


Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	2,217	2,526	4,743
Children (5-18 years)	188,792	181,135	369,927
Adults (18 years plus)	14,337	21,740	36,077
Total number of beneficiaries in 2016	205,346	205,401	410,747

Country Beneficiaries by Gender and Age

- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)
- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)



Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	4,858	295	367	13	126	5,658
Development Project	1,712	99	142	-	42	1,996
Single Country PRRO	233	9	25	21	3	291
Total Food Distributed in 2016	6,803	403	535	34	171	7,945

Supply Chain

The fortified wheat flour, vegetable oil and pulses were purchased regionally in the Russian Federation and Kazakhstan. Iodized salt was procured through local purchase, while SuperCereal Plus was purchased internationally.

Regionally and locally purchased food commodities were delivered in timely and efficient manner. Internationally purchased food arriving from Europe through the Baltic port of Riga (Latvia) and then transported through Russia by rail usually has an average lead time of three to four weeks from departure to reach WFP warehouses in country. However, due to customs clearance issues between Europe and the Russian Federation, the shipment of SuperCereal Plus was delayed by six weeks at the beginning of the summer. This resulted in the temporary suspension of nutrition activities, which were then promptly resumed with the arrival of the commodity. In order to avoid such delays in future, WFP will explore alternative corridors and the possibility of supporting the local production of specialized nutritious food.

Quality control for both internationally and locally purchased commodities is performed by TajikStandard, the Agency on Standardization, Metrology, Certification and Trade Inspection under the Government.

To support operational logistics, WFP manages three warehouses (in Dushanbe, Khujand and Khorog), with a storage capacity of more than 5,000 mt. WFP organised food delivery to in-country warehouses, selecting transport companies according to WFP rules and regulations. Cooperating partners provided secondary transportation to the final distribution points. Handling, storage and distribution services were done by cooperating partners. No post-delivery losses occurred during the reporting period due to the effective food handling practices of cooperating partners. Aiming to enhance cooperating partners logistics capacity and to ensure an overall efficient management of food commodities WFP provided training to 120 cooperating partners warehouse staff across all regions on handling, reconstitution and storage practices.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Iodised Salt	130	-	130
Split Peas	-	338	338
Vegetable Oil	-	280	280
Wheat Flour	-	5,312	5,312
Wheat Soya Blend	-	57	57
Total	130	5,986	6,116
Percentage	2.1%	97.9%	

Implementation of Evaluation Recommendations and Lessons Learned

WFP strategy at country level was informed by a series of evaluations and systematic reviews. The 2014 PRRO evaluation mission findings have been used in the design of the Country Programme. The evaluation recommended continuing the activities focused on the prevention and treatment of acute and chronic malnutrition, aligned with national strategies and priorities identified under the government-led Scaling Up Nutrition (SUN) initiative. WFP further developed its emergency preparedness and response capacity through activities focused on developing the capacity for WFP and both central and local counterparts on logistics, telecommunication and programme design and management to adequately respond to emergencies.

Given the high exposure to natural disasters like earthquakes, floods and droughts, WFP implemented a number of mitigating actions based on experience built in preparing and responding to natural shocks. This included maintaining minimum preparedness activities, regularly updating the contingency plans, and supporting the Government's capacity development. In the framework of the collaboration between WFP and the Committee of

Emergency Situations and Civil Defense of the Republic of Tajikistan in the area of Emergency Preparedness, Response and Disaster Risk Reduction and Climate Change Adaptation, WFP recruited an Emergency Focal Point/Coordinator, based within the Committee of Emergency Situations and Civil Defense to provide secretariat support to the Rapid Emergency Assessment and Coordination Team (REACT) activities, and act as a focal point to interface with WFP and other REACT members for emergency coordination, post-disaster evaluation and response mechanisms in compliance with National laws and regulations. The typology of food assistance for assets (FFA) activities supported focused on disaster risk reduction. WFP conducted regional and community discussions in order to better understand climate change-related food security issues, and plan possible support activities together with local stakeholders.

Partnership with the Government has been important in school meals activities for the involvement of various levels of national and local authorities in programme implementation. The design of the Country Programme marked an occasion for WFP to further improve and refine its action. Learning from more than a decade of food distributions in schools and with the long-term goal of supporting the establishment of a country-owned school meals programme, WFP planned to test different models and modalities of school meals provision throughout the five-year duration of the 2016-2020 Country Programme. This measure takes into account the great diversity of the targeted schools and the challenge of developing a single school meals model, valid at country level. WFP action was informed by the 2015 System Approach for Better Education Results (SABER) exercise, which guided the work within policy making and management of the programme. Following the recommendations of the SABER workshop, WFP supported national stakeholders in drafting the national school meals strategy.

In line with the beginning of the Country programme, WFP completed a gender analysis to better inform programming and implementation modalities. This analysis sought to strengthen equal participation of women and men in WFP projects, and to increase women's participation in decision-making processes. WFP followed the analysis recommendations in the formulation of a gender action plan. In particular, the latest Food Security Monitoring System, WFP incorporated more tools to better assess gender perspectives.

The results of a study conducted in 2015 indicate that food assistance provided to patients with Tuberculosis (TB) and their family members could improve TB outpatient treatment, reduce the side effects of TB medicine, increase the nutritional status and endurance of TB patients and potentially contribute to preventing TB drug resistance. This notwithstanding, Government assistance to TB patients was shifted to cash through a different service provider. According to this approach change, WFP has been renegotiating its support to the National TB Centres, concentrating on technical support for the development and dissemination of nationally adapted guidelines on nutrition assessment, counselling and support for TB patients.

Project Objectives and Results

Project Objectives

The gravity of Tuberculosis (TB) re-emerged after the collapse of the Soviet Union and has remained a serious public health threat problem in Tajikistan. The country has the sixth highest incidence in the Europe and Central Asia region; according to World Health Organization, the estimated frequency of TB was 91 cases per 100,000 people in 2014. TB patients are among the poorest and most vulnerable households in the country, usually owing limited assets in the way of livestock or land and living in disaster-prone and food insecure areas. The disease is often contracted by migrant labourers working abroad, in the Russian Federation or in Kazakhstan. Once the patients return to Tajikistan, they face financial difficulties at home as they were the main source of income for their families. Families are placed in a vulnerable position and the disease can easily spread to other family members. In many cases, it is common for TB patients to migrate again for labour before the completion of their treatment. Due to this trend, the high rates of multi-drug resistant (MDR) TB in the country are increasing. WFP extended its assistance to TB patients' families as a safety net to compensate for the loss of income-earning potential.

WFP planned to continue the provision of food assistance to TB patients registered in the Directly Observed Therapy Strategy (DOTS) programme. WFP assistance contributes to the objective of the National TB Centre (NTBC) to improve patients' adherence to treatment and provide a social safety net for this vulnerable segment of the population. This activity supports WFP Strategic Objective 4, to reduce undernutrition and break the inter-generational cycle of hunger.

The project was launched in 2010 upon request of the Ministry of Health and it has become crucial in Tajikistan's commitment to attain the goals set under the National Tuberculosis Programme 2010-2015. The project is further aligned with the National Health Strategy 2010-2020, the National Strategic Plan for Tuberculosis Control 2015-2020, the United Nations Development Assistance Framework (UNDAF) for 2016–2020 and Government's primary objectives under the National Development Strategy (NDS) (2016–2030) and the Mid-Term Development Strategy (2016–2020).



Approved Budget for Project Duration (USD)

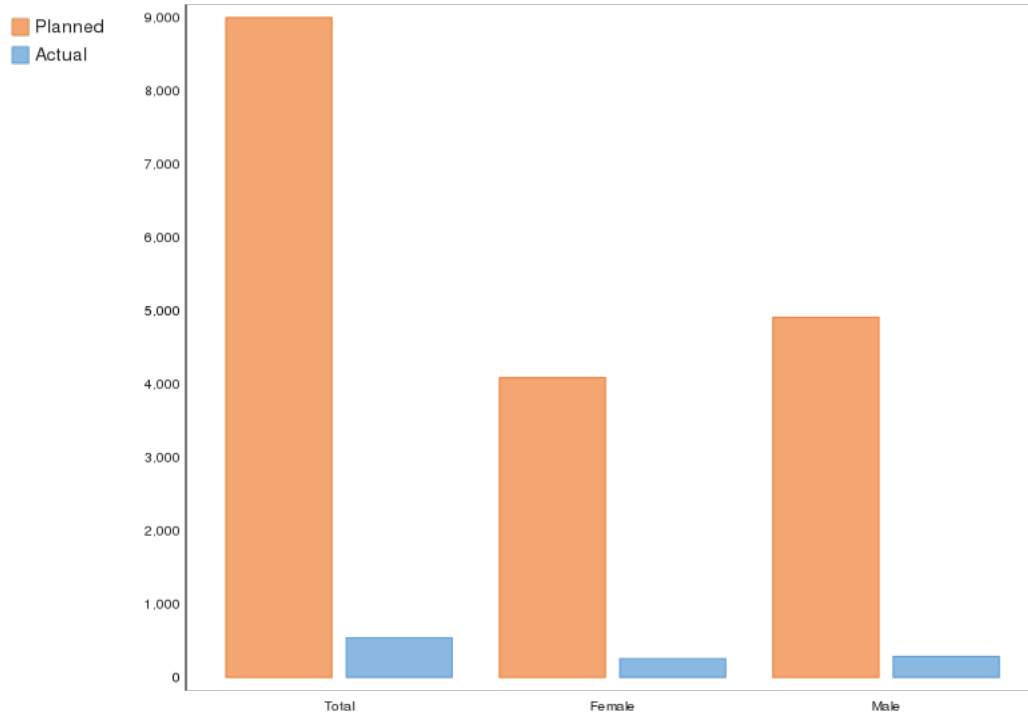
Cost Category	
Direct Support Costs	1,616,546
Food and Related Costs	10,152,773
Indirect Support Costs	823,852
Total	12,593,172

Project Activities

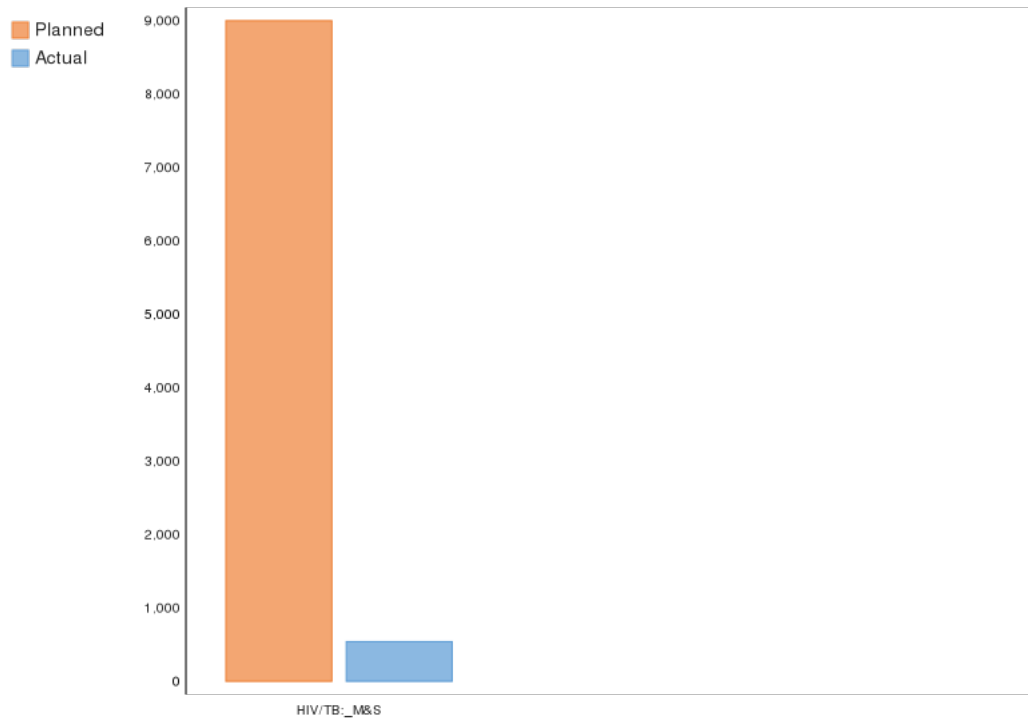
WFP planned to provide basic food entitlements of 72 kg of fortified wheat flour, 2.7 kg of fortified vegetable oil, 7.2 kg of pulses and 900 g of iodised salt on a bimonthly basis to cover 80 percent of the required caloric needs of TB patients and two family members, while the families were expected to cover the other 20 percent. Receipt of assistance was conditional to patients participation in treatment. This strengthened patients' and family's motivation to complete the cycle of treatment.

Given the limited available resources, WFP had to prioritize programme beneficiaries in the most remote districts of Gorno-Badakhshan Autonomous Oblast (GBO), distributing assistance for one month only, dramatically reducing the number of actual beneficiaries as shown in the graph. While food assistance had to be suspended due to the complete lack of resources, WFP initiated a discussion for a strategic review of activities with ministries. In 2016, the country received new funds from the Global Fund in fighting AIDS, TB and Malaria (GFATM). WFP discussed with Ministry of Health and Social Protection of Population on possible collaboration under GFATM.

Annual Project Beneficiaries

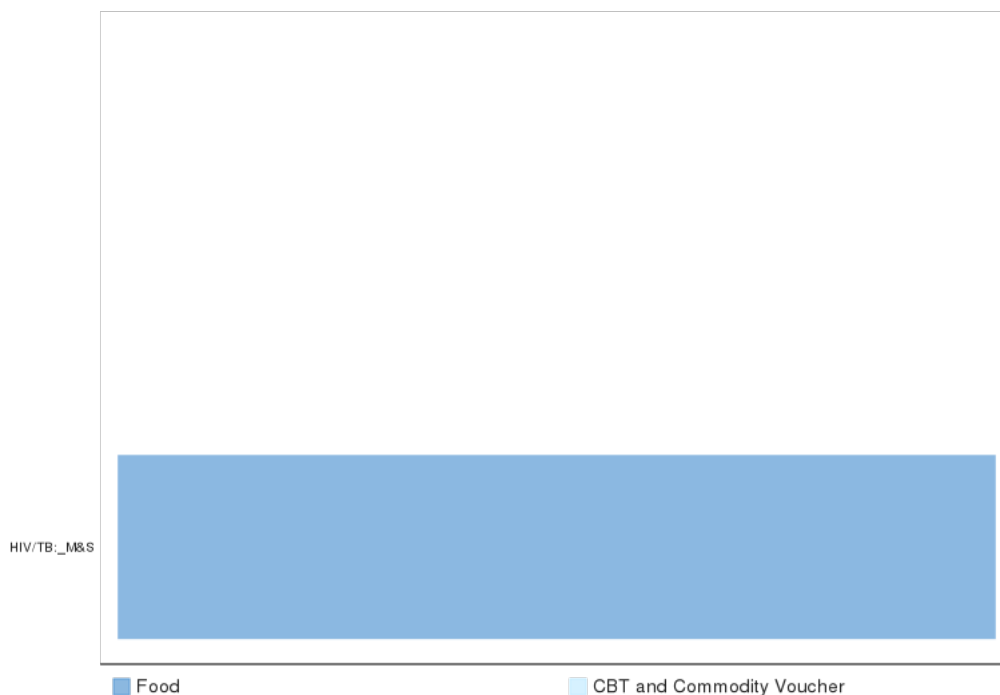


Annual Project Beneficiaries by Activity



HIV/TB: _M&S: HIV/TB: Mitigation&Safety Nets

Modality of Transfer by Activity



HIV/TB: _M&S: HIV/TB: Mitigation&Safety Nets



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Iodised Salt	4	0	4.1%
Split Peas	32	1	4.0%
Vegetable Oil	12	0	4.0%
Wheat Flour	324	13	4.0%
Total	373	15	4.0%

Operational Partnerships

WFP implemented the project jointly with the National Tuberculosis Centre (NTBC) that, under the Ministry of Health and Social Protection is responsible to provide medical assistance to Tuberculosis patients (TB). Because of this role, NTBC offered also the best platform to distribute WFP assistance as a social protection measure targeting TB patients and their families. For the duration of the project, WFP assistance was handed out through 66 TB centres in the district capitals. Between January and March, the project was implemented only in the Rushan and Murghab districts in Gorno-Badakhshan Autonomous Oblast (GBO) using the commodities exceeded from previous distributions. Despite the drastic reduction in the food assistance provided, WFP continued to extend its technical support to NTBC.

Following NTBC requested, WFP started to develop national guidelines on Nutrition, Assessment, Counselling and Support (NACS) for patients with TB at the end of 2015. Consultations continued during the reporting period with NTBC and other technical departments of the Ministry of Health. The guidelines have been finalized and endorsed by the relevant authorities in the second half of the year, providing principles and recommendations for management of malnutrition and maintenance of improved nutritional status of patients with TB as part of routine

care. Discussions have taken place to frame the activities of the specific project in the forthcoming Country Programme.

During the period of the project, complementary partners active in the fight against TB were UNDP (the principal recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria), WHO, USAID and the INGO Project Hope (who became the new principal recipient of the Global Fund after 2015); these organizations had active programmes during the duration of DEV 200173, including the reporting period. As a member of the TB technical working group WFP collaborated with the Country Coordination Mechanism (CCM) to channel the funds of the Global Fund. With these joint efforts, TB clients and their family members received DOTS treatment and food assistance. In addition to WFP assistance, local and international NGOs provided social and psychological support to facilitate treatment adherence of TB patients.

Performance Monitoring

WFP conducted regular pre- and post-distribution monitoring surveys following distribution cycles throughout the project. Face to face interviews were conducted by WFP field staff during pre-distribution monitoring at the Tuberculosis (TB) centres. Following that, and to limit the exposure of TB patients to social stigma, post distribution monitoring (PDM) was conducted remotely through telephone calls placed from the WFP field offices in November 2015.

Due to the very limited distributions carried out at the beginning of the year, and due to limited resources, the latest significant data to measure the overall performance of the project remains that collected at the end of 2015. While WFP monitored and confirmed the distribution of allocated entitlements in January, visiting assisted centres and cross-checking distribution reports versus food assistance dispatches, no performance monitoring was conducted following those distributions.

Results/Outcomes

Effectiveness of the treatment for Tuberculosis (TB) has been highlighted by the National Tuberculosis Centre (NTBC) 2014 treatment success rate, which attested 88 percent successful cases among all new patients. Factors that contributed to this level of effectiveness included streamlining the regulatory framework, technical guidance and service capacities for TB case management, ensuring uninterrupted supply of quality treatment drugs and effective drug management, provision of appropriate patient support for adherence to treatment, ensuring proper treatment monitoring, management of adverse drug reactions and infection, and support to the operations of TB treatment institutions. Throughout the duration of the project, beneficiaries confirmed that the programme helped them to mitigate the socio-economic costs associated with TB by reducing the financial challenges to diagnosis and treatment. No outcomes have been measured for the reporting period because of lack of resources, limited implementation, and short implementation period.

WFP worked with the Ministry of Health and Social Protection (MoHSP) and the NTBC to adapt the generic nutrition assessment, counselling and support (NACS) guidelines into a practical guidance manual, 'Planning and implementation of food and nutrition support as part of treatment, care and support programmes for patients with TB'. The manual summarizes the rationale behind food and nutrition interventions at biological, behavioural and contextual levels as part of TB prevention, treatment, care and support programmes, and suggestions on how these interventions could be implemented. The guidance, issued in the second half of the year by the NTBC with the support by the MoHSP and WFP, represents a reference document for all cooperating partners working in TB treatment in Tajikistan.

Progress Towards Gender Equality

TB affects slightly more men than women; according to 2014 National Tuberculosis Centre (NTBC) statistics, 55 percent of new cases of TB registered are men. WFP continued its strong commitment to mainstream gender at all levels of the project and ensured that women and men equally participated and benefited from the projects. Women were actively involved in preparation of beneficiary lists, notification of beneficiaries on the dates of food distributions and participated in the food distribution process. The majority of the leadership positions in food committees were occupied by women, who participated in all relevant decision-making processes related to project implementation. The food committees comprised family members of TB clients. In terms of project management,

committees made of TB centres personnel and family members of TB patients were actively involved in preparation of beneficiary lists and communications with beneficiaries.

No outcome analysis was carried out in January - March 2016, due to the short-term duration of the project. During the reporting period WFP started the preparation of a gender analysis that has been carried out in April 2016. The analysis was developed and conducted to better inform programmes and programme implementation modalities under the new Country Programme 2016-2020.

Protection and Accountability to Affected Populations

WFP and cooperating partners provided information on entitlements and posted contact details in each distribution site, following the established of a complaints and feedback mechanism in 2015. Beneficiaries could learn and keep up to date on the composition of their entitlement and provide timely complaints to the relevant contact in their distribution site. Protection principles of the beneficiaries were taken in to account and the safety, security and dignity of beneficiaries were prioritized during the design and implementation of the programme activities.

For the distribution carried out in January, no complaint phone calls were registered by WFP or logged by TB centre personnel.

Fighting against TB

Jamshed is a 35 year old man from the Murgab district who contracted TB during his employment in Novosibirsk in the Russian Federation, more than 3,000 km from home. With little local employment available, it is common for deprived families to send a son or a husband abroad to earn money, sending remittances home to support their families, and Jamshed is no exception. Prior to contracting the disease, Jamshed provided financial assistance to his family, sending a large portion of his earnings back to his parents, his wife, Saodat and his two young children, who spent it on food and essential household needs. He has been working abroad for more than three years, managing to see his family only a few times, due to visa issues.

However, one day Jamshed noticed something was wrong with him: "I started feeling sick, had a bad cough and a deep pain in my chest. I thought it was just a cold but after a month of coughing, I noticed I had lost weight. One night I coughed up blood and I knew I was seriously ill and it was time to return home as I couldn't stay in Russia, because I had no health insurance", describes Jamshed. With his return, Jamshed and his family had no regular income and faced serious financial trouble. Suddenly they found themselves unable to meet their basic food needs as most of their savings went to heating their home during the harsh winter months. Jamshed thought of returning to Russia for a few months to earn money but he was too weak to travel.

While at the market one morning, Jamshed's worried wife Saodat was telling a friend about his illness and his plans to go back to Russia. She learned about the help WFP extends to TB patients. She went to the Murgab TB Centre and asked for more information. Here, she discovered that people who have contracted TB are eligible for the Directly Observed Therapy Strategy (DOTS), a free programme that provides a specific treatment for TB, and receive free food assistance from WFP. She learned that WFP extends its help not only the patients who are enrolled in the DOTS programme, but provide extra entitlements to patients' families. She did not hesitate in bringing Jamshed to the TB Centre and enrolling him for treatment.

Jamshed received treatment for six months under the DOTS programme. He and his family received WFP food entitlements of fortified wheat flour, fortified vegetable oil, pulses and iodized salt, providing a powerful incentive for him to follow through treatment. Often, patients give up the treatment once they feel better, in order to get back to work, usually falling sick again soon after. The food assistance is sufficient for the patient and two family members with a daily entitlement equivalent to 1700 kcal. This assistance contributes improves the food intake and subsequent nutritional status of the TB patient, serving as a nutrition-sensitive safety net to support the food needs of a patient's family. "We are extremely grateful to WFP for this assistance. Thanks to the free treatment therapy Jamshed has become much stronger and we have been able to concentrate more on his recovery instead of worrying where our next meal would come from", says Saodat. "He made a full recovery, and has returned to Russia to work".

WFP has provided food support in the Murgab and Rushan Districts, for 179 households, which included TB patients and their families.

Figures and Indicators

Data Notes

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A patient of the Directly Observed Treatment Short Course and receives food assistance from WFP that will help assist his recovery from Tuberculosis.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	4,912	4,088	9,000	285	255	540	5.8%	6.2%	6.0%
By Age-group:									
Children (under 5 years)	99	81	180	18	13	31	18.2%	16.0%	17.2%
Children (5-18 years)	297	243	540	64	60	124	21.5%	24.7%	23.0%
Adults (18 years plus)	4,516	3,764	8,280	203	182	385	4.5%	4.8%	4.6%
By Residence status:									
Residents	4,912	4,088	9,000	285	255	540	5.8%	6.2%	6.0%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
HIV/TB: Mitigation&Safety; Nets	9,000	-	9,000	540	-	540	6.0%	-	6.0%

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
HIV/TB: Mitigation&Safety; Nets	3,000	-	3,000	179	-	179	6.0%	-	6.0%

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
HIV/TB: Mitigation&Safety; Nets									
TB Clients receiving food assistance	1,500	1,500	3,000	97	82	179	6.5%	5.5%	6.0%
Total participants	1,500	1,500	3,000	97	82	179	6.5%	5.5%	6.0%
Total beneficiaries	4,500	4,500	9,000	285	255	540	6.3%	5.7%	6.0%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				
FCS: percentage of households with poor Food Consumption Score				
<i>TAJIKISTAN, Project End Target: 2016.03, PDM, Base value: 2015.10, WFP programme monitoring, Pre distribution monitoring, Previous Follow-up: 2015.11, WFP programme monitoring, PDM</i>	<2.44	12.20	6.00	-
FCS: percentage of households with borderline Food Consumption Score				
<i>TAJIKISTAN, Project End Target: 2016.03, PDM, Base value: 2015.10, WFP programme monitoring, Pre distribution monitoring, Previous Follow-up: 2015.11, WFP programme monitoring, PDM</i>	<5.12	25.60	12.00	-
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>TAJIKISTAN, Project End Target: 2016.03, PDM, Base value: 2015.10, WFP programme monitoring, Pre distribution monitoring, Previous Follow-up: 2015.11, WFP programme monitoring, PDM</i>	<2.20	11.00	0.00	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>TAJIKISTAN, Project End Target: 2016.03, PDM, Base value: 2015.10, WFP programme monitoring, Pre distribution monitoring, Previous Follow-up: 2015.11, WFP programme monitoring, PDM</i>	<3.80	19.00	8.00	-
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>TAJIKISTAN, Project End Target: 2016.03, PDM, Base value: 2015.10, WFP programme monitoring, Pre distribution monitoring, Previous Follow-up: 2015.11, WFP programme monitoring, PDM</i>	<6.54	32.70	10.00	-
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>TAJIKISTAN, Project End Target: 2016.03, Base value: 2015.10, WFP programme monitoring, Pre distribution monitoring, Previous Follow-up: 2015.11, WFP programme monitoring, PDM</i>	<4.72	23.60	13.00	-
Project-specific				
TB Treatment Success Rate (%)				
<i>TAJIKISTAN, Project End Target: 2016.03, NTBC data, Base value: 2009.12, Secondary data, NTBC data, Previous Follow-up: 2014.12, Secondary data, NTBC data</i>	>87.00	88.00	88.50	-

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO4: HIV/TB: Mitigation&Safety; Nets				
Number of health centres/sites assisted	centre/site	33	36	109.1%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11</i>	>50.00	39.00	48.50	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11</i>	<25.00	49.20	39.50	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11</i>	<25.00	11.70	11.00	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of women beneficiaries in leadership positions of project management committees				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11, Latest Follow-up: 2016.03</i>	>50.00	47.00	47.00	49.00
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11, Latest Follow-up: 2016.03</i>	>60.00	52.00	58.00	61.00

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11</i>	=90.00	49.20	96.00	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11</i>	=100.00	100.00	100.00	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11</i>	=90.00	56.50	97.00	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11</i>	=100.00	100.00	100.00	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.11, Previous Follow-up: 2015.11</i>	=90.00	50.60	96.00	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Base value: 2014.12, Previous Follow-up: 2015.11</i>	=100.00	100.00	100.00	-

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Latest Follow-up: 2016.03</i>	=20,000,000.00	5,000,055.00
Number of partner organizations that provide complementary inputs and services		
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Latest Follow-up: 2016.03</i>	=4.00	4.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>TAJIKISTAN, HIV/TB: Mitigation&Safety; Nets, Project End Target: 2016.03, Latest Follow-up: 2016.03</i>	=100.00	100.00

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
Russian Federation	RUS-C-00049-04	Wheat Flour	-	20
		Total	-	20