



Tajikistan: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Tajikistan, where 312,000 children under 5 years (26 percent) suffer from chronic malnutrition (stunting or low height-for-age), while 10 percent of children suffer from acute malnutrition (wasting or low weight-for-height) (Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health, and ICF International 2013).

Background

Tajikistan is a post-conflict country that has seen a vast reduction in poverty levels in the past 18 years. Between 2000 and early 2009, poverty fell from more than 83 percent to about 47 percent, and it fell further from 37 percent to 30.3 percent between 2012 and 2016. Since 2012, the poorest regions of the country have made the most progress in poverty reduction. However, there is still limited or no access to education (secondary and tertiary), heating, and sanitation for many. These three are the most unequally distributed services, with access to education varying by income level and heating and sanitation by location (World Bank 2017). About 47 percent of the population lives on less than US\$1.33 a day, and 17 percent subsists on less than US\$0.85 a day (WFP 2017).

Tajikistan's GDP growth decelerated slightly, from 6.6 percent in the first half of 2016, to 6.0 percent in the first half of 2017 (World Bank 2017). Inflation rose to 7.4 percent year-on-year in June 2017, compared to 5.7 percent a year earlier, driven by the depreciation of the local currency and supply-side shock on certain domestic agriculture products. Today, Tajikistan has one of the lowest per capita GDPs among the 15 former Soviet republics. The agricultural sector in Tajikistan accounts for 28 percent of GDP and 43 percent of employment. However, the sector remains challenged by the country's lack of arable land (only 7 percent of total land), predominantly mountainous terrain, harsh winters, and frequent droughts (CIA 2017). Tajikistan imports approximately 70 percent of its food. Because of a lack of employment opportunities in Tajikistan, more than one million Tajik citizens work abroad—roughly 90 percent of them in Russia—supporting families back home through remittances that in 2014, were equivalent to nearly 50 percent of GDP. Some experts estimate the value of narcotics transiting Tajikistan is equivalent to 30–50 percent of GDP. The population is growing rapidly, with more than half of the population under 24 years of age, creating a need for improved public services and employment opportunities for future generations (CIA 2017).

The economy is projected to grow at an average rate of 5.2 percent a year over the medium term, supported mainly by the sustained high rate of expansion of industrial output, the construction of the Rogun Hydro Power Plant (HPP), and the expected increase in electricity production from late 2018 onward. The nationwide poverty rate is projected to fall from 30.3 percent in 2016, to 25.7 percent by 2019 (World Bank 2017).

Currently, Tajikistan ranks 72nd out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). The under-5 mortality rate is 43 deaths per 1,000 births. At this rate, one in every 23 children born in Tajikistan dies before reaching his/her fifth birthday (Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health, and ICF International 2013).

Nutrition and Food Security Situation

Tajikistan has the highest malnutrition rate among the former Soviet republics (WFP 2017). In Tajikistan, more than a quarter (26 percent) of all children under 5 years are stunted, according to the most recent DHS (2012). Stunting increases with age, peaking at 34 percent among children age 24–35 months. In general, rural children and children

born to mothers with little education are more likely to be stunted. There is large regional variation in the prevalence of stunting, ranging from 19 percent in Dushanbe, to 27 percent in the Sughd and Khatlon regions. Prevalence of severe stunting is especially high among children in the Sughd (12 percent), Khatlon (10 percent), and GBAO and DRS (9 percent each) regions. Stunting generally decreases as wealth quintile increases.

While stunting improved slightly from 29 percent in 2009, the extent of wasting worsened from 5 percent in 2009 to 10 percent in 2012 among children under 5 years. Analysis by age group shows that wasting is highest (23 percent) in children under 6 months. By region, wasting in children ranges from 8 percent in GBAO and Sughd, to 11 percent in Khatlon. Wasting prevalence generally decreases as maternal education increases. However, there is no uniform relationship between wasting and wealth quintile. Women’s nutrition is also of particular concern, with a double burden of thinness (11 percent) and overweight/obesity (30 percent) (Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health, and ICF International 2013).

Childbearing begins early in Tajikistan. By age 19, 27.1 percent of adolescent girls had begun childbearing in 2012 (Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health [Tajikistan], and ICF International 2013). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to older mothers. The risk of stunting is 53 percent higher among first-born children of girls under 18 years in Europe and Central Asia, and as such, early motherhood is a key driver of malnutrition in the country (Fink et al. 2014).

Although 34 percent of children under 6 months are exclusively breastfed, only 21 percent of children 4–5 months are exclusively breastfed. Only 17 percent of breastfed children 6–23 months are receiving a minimum acceptable diet (Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health, and ICF International 2013).

Tajikistan has significant food security needs. The majority of the population spend between 70 and 80 percent of household income on food. Despite improvements in food security in recent years, only 24 percent of Tajikistan’s rural population is food secure (WFP 2017).

The proportion of women who are overweight increases with age; almost three in 10 women 40–49 years of age are overweight, and another one-quarter are obese. Urban women are more likely to be overweight or obese than rural women (38 percent and 27 percent, respectively). By region, the proportion of undernourished women does not vary much; however, the proportion of overweight or obese women ranges from 22 percent in GBAO region to 40 percent in Dushanbe (Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health, and ICF International 2013).

Tajikistan Nutrition Data (MNSS 2009 and DHS 2012)		
Population 2016 (UNICEF 2017)	8.7 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	1.2 million	
	MNSS 2009	DHS 2012
Prevalence of stunting among children under 5 years (0–59 months)	29%	26%
Prevalence of underweight among children under 5 years (0–59 months)	8%	12%
Prevalence of wasting among children under 5 years (0–59 months)	5%	10%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	NA	7%
Prevalence of anemia among children 6–59 months	29%	NA
Prevalence of anemia among women of reproductive age (15–49 years)	24%	NA
Prevalence of thinness among women of reproductive age (15–49 years)	7%	11%
Prevalence of thinness among adolescent girls (15–19 years) (BMI less than 18.5 kg/m ²)	NA	21%

Prevalence of children 0–5 months exclusively breastfed	65%	34%
Prevalence of children 4–5 months exclusively breastfed	NA	21%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within 1 hour of birth)	57%*	50%
Prevalence of children who receive a pre-lacteal feed	NA	14%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	NA	17%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	NA	6%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	28%	30%
Coverage of iron for pregnant women (for at least 90 days)	NA	<1%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	NA	77%
Percentage of children 6–59 months living in households with iodized salt	62%**	83%

NA: Not Available

*Defined in the MNSS 2009 as “within 30 minutes of birth”

**Among all households

Global and Regional Commitment to Nutrition and Agriculture

Tajikistan has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2013	Scaling Up Nutrition (SUN) Movement	SUN is 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 (SUN 2017).
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Tajikistan pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).

National Nutrition Policies/Legislation, Strategies, and Initiatives

Tajikistan’s commitment to improving nutrition is outlined in the following documents:

- National Development Strategy (2016–2030)
- Law on Food Safety (2010)
- Law on Protection of Breastfeeding for Children (2006)
- The Act on Food Quality and Safety (2002)
- Law on Salt Iodization (2002)
- International Code of Marketing of Breast Milk Substitutes
- National Health Strategy (2010–2020)
- Nutrition and Food Safety Strategy (2013–2020)
- Nutrition and Physical Activity Strategy (2015–2024)
- Program on Agricultural Reform (2012–2020)
- Food Security Program (2015–2020)

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. In 2016–2017, the Government of Tajikistan amended the terms of reference and membership of its multisectoral platform (MSP) and technical working groups. These changes include the addition of important sectors and new stakeholders, as well as a separation between SUN multisectoral platform functions and the school-feeding program. The 2nd National Nutrition Forum took place in July 2017, which brought together more than 100 national and international partners and practitioners, representing stakeholders from the Government, research institutions, donors, UN agencies, and civil society (SUN 2017). The country’s Nutrition and Physical Activity Strategy 2014–2020 focuses on the double burden of malnutrition (stunting, acute malnutrition, and micronutrient deficiencies as well as overweight), prevention of food-borne diseases and nutrition-related non-communicable diseases. The Food Security Program highlights the need to increase food production and make policy adjustments to enhance accessibility to food through pricing and income strategies. It also identifies broad nutrition issues (such as maternal nutrition, infant and young child feeding, micronutrient deficiencies, and sanitation and hygiene) as important for food and nutrition security. Food security and nutrition was included as a separate goal in the new National Development Strategy for 2016–2030. A Common Results Framework under the SUN initiative has been developed and is currently being costed and operationalized into a National Multisectoral Nutrition Strategy.

In 2017, a new working group on micronutrient deficiencies was created under the Council of Food Safety (chaired by the Deputy Prime Minister). This working group is mandated to review and amend the existing fortification law into a law on the prevention of micronutrient deficiencies (through food fortification approaches).

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs were active in Tajikistan. Feed the Future, the U.S. Government’s global hunger and food security initiative, emphasizes agriculture as a driver of economic growth through a strategy that encompasses five core investment areas—agriculture, nutrition, policy, infrastructure, and institutional capacity—and aligns with the country’s investment priorities. USAID also works with the World Bank-managed Global Agriculture and Food Security Program (GAFSP). The Feed the Future initiative incorporates gender issues, working with women to improve agricultural productivity and health knowledge and to ensure better nutrition and health for the family, especially children. In Tajikistan, Feed the Future supports activities 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 undernutrition rates in the country and the largest number of people living below the poverty line.

Selected Projects and Programs Incorporating Nutrition in Tajikistan		
Name	Dates	Description
Prevention and Treatment of Moderate Acute Malnutrition Project	2017–2021	The project, implemented by WFP, assists malnourished children through the provision of specialized nutritious food. While WFP provides treatment for children with moderate acute malnutrition, UNICEF supports cases of severe acute malnutrition at primary health care facilities and district therapeutic feeding centers. The project purchases specialized nutritious food—Super Cereal Plus—for malnourished children in five pilot districts.
Feed the Future Tajikistan Agriculture and Water Project	2015–2020	The objective of the project is to improve the nutrition of women of childbearing age and children under 2 years of age by increasing the production of nutritious foods. The key components of this project include improving agricultural extension, extended-season vegetables, orchards, dairy, and water management. The project also focuses on nutrition-sensitive agriculture by increasing the production and consumption of crops and livestock products that are high in vitamin A, iron, zinc, and animal protein to address stunting and wasting in targeted children.

Feed the Future Tajikistan Health and Nutrition Project	2015–2020	The objective of the project is to improve integrated health care at the family, community, clinical, and national levels related to good maternal, newborn, and child health (MNCH) in the Feed the Future Zone of Influence, with an emphasis on nutrition, sanitation, and hygiene. To meet this objective, the program is working to increase access to quality MNCH services; increase access to a diverse set of nutrient-rich foods throughout the year; promote widespread use of healthy behaviors for MNCH, nutrition, and hygiene; and institutionalize advances in Tajikistan’s health sector to provide evidence-based MNCH services, including nutrition, sanitation, and hygiene, at the national level.
Feed the Future Land Market Development Activity	2016–2020	The activity works to establish a functioning agricultural land market that allows the transferability of land-use rights, and a simple and transparent land registration process, while ensuring equal rights for men and women. The activity focuses on land policy development, private sector capacity development to support a land market, and expansion of knowledge of land-use rights.
Tajikistan Nutrition Sensitive Vegetable Technologies Activity	2014–2019	The project aims to improve nutrition outcomes by introducing improved production methods, including employing greenhouses for extended-season vegetable production, fostering containerized seedling production, and introducing nutritious vegetable varieties.
Feed the Future Farmer-to-Farmer Program	2013–2018	The objective of the program is to provide technical assistance to local farmers through international volunteers, to establish economically viable farming.
Feed the Future Innovation Lab for Horticulture	2017–2018	The Horticulture Innovation Lab is led by UC Davis and is committed to six pillars: 1) Research across the horticultural value chain: Improving horticultural systems, from seed to consumption, as a result of collaborative research; 2) Nutrition-sensitive horticulture: Improving the nutritional status of people as a result of including horticultural crops in the diet; 3) Empowering women and the most vulnerable: Increasing empowerment of women and disadvantaged groups working in horticulture; 4) Innovation and scaling: Improving opportunities for smallholders and entrepreneurs in horticultural markets; 5) Capacity building: Increasing the capacity of scientists, development professionals, farmers, students, intermediaries, and institutions to address horticultural challenges; and 6) Sharing information: Improving access to reliable horticultural information.
Feed the Future Women’s Entrepreneurship for Empowerment Project	2014–2018	The project provides business and financial management training and has established vocational training centers in weaving, handicrafts, baking, and greenhouse seedling production. Once businesses are functioning, the project creates networking opportunities to connect women across Tajikistan, so they can share best practices and ideas with one another.
Universal Salt Iodization (Buy in to the UNICEF umbrella grant)	2015–2018	USAID funds UNICEF to support the sustainable elimination of Iodine Deficiency Disorders (IDD) by expanding ongoing universal salt iodization activities. The project has three specific objectives: 1) increase availability of adequately iodized salt (>90 percent) in the market; 2) improve the capacity of salt producers and inspection agencies on basic salt iodization quality assurance; and 3) generate community awareness on salt iodization and IDD.

Other USAID Nutrition-Related Development Assistance

USAID also conducted the Tajikistan Demographic and Health Survey, the results of which will be available by the end of 2018.

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