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Tajikistan Food Aid Review

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TABLE OF CONTENTS

Executive Summary	i
I. Statement of Purpose	1
II. Country Context	2
Political and Socio-Economic Background	2
Agriculture and Food Security Background	4
III. Current Food Security and Nutrition Situation-Is There Still an Emergency?.....	6
Relief to Development Continuum	6
Nutritional Status	6
Beyond Emergency Relief	9
IV. Appropriateness of Current Food Aid Programming-Is Food Aid Still Needed?	9
V. Priority Interventions -What Are the Best Practices that Should be Encouraged and Scaled Up?.....	11
VI. Complementary Cash Programming.....	19
VII. Policy and Strategy/Coordination	20
VIII. Key Conclusions and Recommendations.....	21
ANNEXES	
1. Advantages and challenges of different food aid options	25
2. Agricultural and land use terms	28
3. U.S. Government food aid resource allocations for Tajikistan	29
4. USAID's Tajikistan Portfolio Overview.....	30
5. Geographic distribution of population and poor households in Tajikistan	32
6. Scope of work	33
7. List of contacts.....	36
8. List of places visited by region and district.....	38
9. References.....	39

List of Acronyms

AAH	Action Against Hunger
ACTED	Agence d'Aide a la Coopération Technique et au Développement
AKF	Aga Khan Foundation
ARI	Acute Respiratory Illnesses
CAR	Central Asian Republics
CDC	Community Development Committee
CED	Chronic Energy Deficiency
DCHA/FFP	DCHA's Office of Food for Peace
DCHA/PPM	DCHA's Programs, Policies, and Management
DCHA/PVC	DCHA's Private and Voluntary Cooperation
DOTS	Daily Observed Treatment Scheme
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
DCHA	Bureau for Democracy, Conflict and Humanitarian Assistance (USAID)
DP	Development Programs (as in FFP/DP)
ECHO	European Union Humanitarian Office
EP	Emergency Program (as in FFP/EP)
FANTA	Food and Nutrition Technical Assistance Project
FAO	United Nations Food and Agriculture Organization
FFE	Food for Education
FFP	Office of Food for Peace
FFP/DP	Office of Food for Peace, Development Programs Division
FFP/ER	Office of Food for Peace, Emergency Relief Division
FFW	Food for Work
FSA	Freedom Support Act
GBAO	Autonomous Region of Gorno Badakshan
HIDN	Office of Health, Infectious Disease and Nutrition of the Bureau for Global Health (USAID)
HPN	Health, Population, and Nutrition (as in AED/HPN Programs)
HNS	Health and nutrition surveys
IDD	Iodine Deficiency Disorders
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
KAP	Knowledge, Attitude and Practice
KPC	Knowledge, Practice, Coverage
LBW	Low birth weight
MoH	Ministry of Health
MOU	Memorandum of Understanding
MCHN	Maternal Child Health/Nutrition
NGO	Non-governmental Organization
OFDA	Office of Foreign Disaster Assistance (USAID)
ORS	Oral Rehydration Salts
PDI	Positive Deviant Inquiries
PRRO	Protracted Relief and Recovery Operation
PVC	Private Voluntary Cooperation

PVO	Private Voluntary Organization
RFFPO	Regional Food for Peace Office
RRS	Region of Republican Subordination
SCF	Save the Children Foundation
TASIF	Tajikistan Social Investment Fund
TB	Tuberculosis
TB DOTS	Tuberculosis Daily Observed Treatment Scheme
TFC	Therapeutic feeding centers
TV GAP	Tajikistan Vulnerable Group Assistance Project
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
USDA	United States Department of Agriculture
VAD	Vitamin A deficiency
VAM	Vulnerability Assessment and Mapping
VDC	Village Development Committees
VGF	Vulnerable Group Feeding
WID	Women in Development
WFH	Weight-for-Height
WFP	World Food Program
WHO	World Health Organization
WSB	Wheat soy blend

Executive Summary

Tajikistan is the poorest of the five Central Asian Republics. Since the dissolution of the Soviet Union in 1991, Tajikistan has experienced economic collapse and civil conflict. Several years of drought in the region resulted in significantly reduced yields and production of basic food crops and near exhaustion of normal coping strategies. Annual national nutrition surveys have revealed persistently high rates of acute and chronic malnutrition, giving cause for concern. For several years USDA has been supporting a variety of food aid programs in Tajikistan with 416(b) and Food for Progress resources. The phase out of 416(b) caused concern among implementing partners and the regional Central Asia Mission (USAID/Almaty) about continued food aid programming in Tajikistan.

USAID/Office of Food for Peace fielded a team to Tajikistan to assess the implications of the potential close out of USDA's food programs and to make recommendations regarding appropriate uses of food aid including Title II resources. The team consisted of a representative from the Office of Food for Peace and two members from the Food and Nutrition Technical Assistance Project (FANTA). USDA and US Department of State were fully consulted on this activity. Specifically the review team sought to address the following critical issues:

- The underlying causes of high reported rates of chronic and acute malnutrition;
- Key factors that support and constrain food availability and access;
- Whether current food aid programming is responding appropriately to the current situation and is still recommended; and
- Key constraints in implementing food security and food aid programs.

Tajikistan is clearly moving away from a situation that requires a predominantly relief response to one that can slowly build self-reliance through a combination of humanitarian assistance and development programs. However, the population is teetering on the edge and can easily slide into a position of extreme food insecurity due to exhausted reserves and significant risks (high morbidity, frequent drought conditions, and a weak and opportunistic political environment). The humanitarian situation in Tajikistan can best be described as precarious and complex in a challenging regional context. Tajikistan is still in the very early stages of economic and political transition. Despite the stated commitment to privatization and reform, much of the economy is still controlled by an inexperienced and resource-poor government. Policy and legal reform sometimes lag behind structural transition, creating seemingly insurmountable disincentives to private sector initiatives and growth. In other instances, opportunism, corruption, and ineffective implementation of reforms undermine the fulfillment of legal and policy objectives. All of these factors contribute to or aggravate the existing vulnerability to food insecurity.

Organizations providing assistance to Tajikistan are increasingly moving from emergency to transitional or recovery programming. While there is continued vulnerability to food insecurity as indicated by WFP's most recent vulnerability assessment, there is a clear shift from addressing widespread acute food needs toward targeted food aid programs and an approach that supports self reliance.

When interpreted in context, the acute malnutrition rates, do not indicate a crisis situation. Acute malnutrition (wasting) in Tajikistan is closely correlated with a seasonal peak in diarrheal diseases. Recent national nutrition surveys have demonstrated that the causal factors of malnutrition are not the absence of food per se, but rather health-compromising behaviors, poor care and feeding practices, and a poor quality diet. It is reasonable to speculate that as a result of poor quality diets, micronutrient deficiency is widespread and has an impact on the growth and development of children and the well-being of adults. Thus, in order to address the causes of malnutrition, an integrated developmental relief response is required.

Food aid, especially wheat flour, has the effect of expanding a food deficit/cash-constrained household's resources or annual budget. For example, people invest the cash generated from crop sales to in improved agricultural inputs or a micro enterprise instead of turning all of their income into wheat. Cash is also used to purchase foods to diversify the diet. Thus, food aid can help sustain the progression towards self-reliance in the short and medium term and prevent households from sliding back into a life threatening food deficit position.

For the most part, food aid does not have a direct impact on nutritional status. Rather it is used as an incentive to participate in health and nutrition programs, and/or an economic transfer. Food aid alone will not address the high rates of malnutrition in those most affected (children under 2.5 years); however, food aid plays an important role in programs that seek to address the causes of malnutrition.

Direct distribution of food aid addresses immediate food needs and provides a small window of opportunity for building a recipient household's earning capacity. However, in order to implement activities that rely on a significant amount of technical assistance such as training, capacity building and behavior change, there is a need for significant complementary cash resources. Cash resources are critical for effective programming to address the causes of malnutrition and food insecurity. For example, selective (supplementary and therapeutic) feeding programs using WFP food commodities have been successfully integrated with the provision of essential basic health services and delivery of simple health hygiene and nutrition messages designed to promote behavioral change. This successful integration would not have been possible without cash resources. Cash resources are also needed to support recovery in other sectors. For example, irrigation rehabilitation requires the use of heavy machinery, which is costly to procure. Cash resources are also needed for livelihood support projects, such as the provision of microfinance. Furthermore, cash can also be used to support projects that help farmers to both clarify and secure their rights. Such projects can encourage constructive dialogue and the forging of workable solutions between poor rural Tajiks and the local authorities (Hukomats and Kolkhoz managers).

In seeking to address the causal factors in malnutrition and food insecurity, several interventions emerge as priorities. These priorities stem largely from programs that have demonstrated an impact and should be maintained, scaled up or replicated. Some programs include direct distribution of food aid, others use monetized food aid to support cash-based activities, and others predominantly rely on cash-based programs such as micro-enterprise development, which is mostly supported by funds available through the Freedom Support Act.

Areas for continued focus include:

- Modified vulnerable group feeding
- Selective feeding of acutely malnourished children under five years of age.
- Food rations for pregnant and lactating anemic women to promote prenatal care visits and behavior change
- School feeding
- Institutional feeding for socially vulnerable groups
- TB DOTS
- Interventions that address drinking water
- Sanitation and hygiene practices
- Interventions that address micronutrient deficiencies
- Interventions that focus on behavioral change and address chronic malnutrition
- Agricultural rehabilitation such as irrigation and drainage rehabilitation
- Strengthening the local seed and input supply systems and providing information and advice on land tenure rights
- Micro-enterprise development for restoring livelihoods and income generation

Key Recommendations

1. Food aid programming should be continued in Tajikistan. There is considerable scope to program food aid in the form of direct food distributions.
2. To address the root causes of malnutrition in Tajikistan, food aid resources should support integrated developmental relief programming. This includes supporting and expanding the types of integrated programs that are currently being implemented with aid resources.
3. In order to implement activities that address current food security and nutrition problems, a significant amount of technical assistance in the form of training, capacity-building and behavior change promotion will be required. Thus significant cash resources will be required as well.
4. Food aid commodities for specific groups, such as malnourished children and TB DOTS patients, should be nutritionally appropriate, e.g., meals should include a fortified blended food. In other instances, such as school feeding food, aid commodities should be complemented by local contributions from communities to ensure nutritional quality.
5. Collaboration and coordination should be strengthened. The food aid community should use the national nutrition surveys and NGO/donor fora to analyze the underlying causes of food insecurity and malnutrition, identify interventions that are successful and warrant scaling up and work toward developing shared integrated strategies. Government functionaries should be drawn into the discussions and debates to begin the process of building policy from the ground up.
6. Donor support for a nutrition strategy is needed. It is critical that a national nutrition policy embody the health and food security sectors and be incorporated into various ministry

strategies for effective multi-sectoral coordination. UNICEF is the designated lead agency on nutrition. Donors may consider the secondment of a nutritionist to UNICEF from one of the lead technical NGOs in Tajikistan.

7. The development of a food security and nutrition strategy for Tajikistan could be an important mechanism. Regular food security monitoring, analysis and reporting would facilitate this process. As a first step, the NGO/donor community can develop their own strategies for addressing food insecurity and nutrition. Following this, government representatives and technical staff can be drawn into discussions on food security and nutrition issues, and eventually into drafting and adopting a national strategy of their own.

I. Statement of Purpose

Tajikistan is the poorest of the five Central Asian Republics. Since the dissolution of the Soviet Union in 1991, Tajikistan has experienced economic collapse and civil conflict. Several years of drought in the region resulted in significantly reduced yields and production of basic food crops as well as near exhaustion of normal coping strategies. Annual national nutrition surveys repeatedly reveal persistently high rates of acute and chronic malnutrition, giving cause for concern. Recent assessments indicated a cereal deficit (after accounting for commercial imports) of 112,000MT.¹

For several years USDA has been supporting a variety of food aid programs in Tajikistan with 416(b) and Food for Progress resources. The phase out of 416(b) caused some concern among implementing partners and the regional CAR Mission regarding continued food aid programming in Tajikistan (see Annex 1 for food aid resource allocations). In October 2002, USAID/Office of Food for Peace fielded a team to Tajikistan to assess the implications of the potential close out of USDA's food programs and to make recommendations regarding appropriate uses of food aid including Title II resources (see Annex 2 for the scope of work). The team consisted of a program analyst from the Office of Food for Peace and two members from the Food and Nutrition Technical Assistance project (FANTA) with expertise in food security, agriculture, economics and health and nutrition. USDA and the State Department's Office of Humanitarian Programs were fully consulted on this activity. Specifically the review team sought to address the following critical issues:

- The underlying causes of high reported rates of chronic and acute malnutrition;
- Key factors that support and constrain food availability and access;
- Whether current food aid programming is addressing priority groups and geographical areas, is responding appropriately to the current situation, and, is still recommended; and
- Key constraints in implementing food security and food aid programs.

The review team consulted with a wide range of key informants both in Washington and in the field. In Washington, this included USAID's Europe and Eurasia Bureau and the Office of Food for Peace, USDA/Foreign Agriculture Service, State Department's Office of Humanitarian Programs and headquarters staff of PVOs/NGOs with food aid programs in Tajikistan. In the field, consultations included: the USAID/Central Asia Regional (CAR) Mission, UN agencies (WFP, UNICEF, FAO), and PVOs/NGOs dealing with food aid, food security and nutrition programming in Tajikistan. A full list of contacts can be found in Annex 3. The team was also able to meet with numerous groups of food aid beneficiaries as well as others participating in an array of food security programs implemented by the PVO community. The itinerary for the team was arranged by the USAID/CAR Mission and the Tajikistan country office. The team visited areas in three out of four regions: Khatlon, Region of Republican Subordination (RRS) and Sughd. The vast majority of the population (96.6 percent) and poor households (94 percent) reside in these three regions (see Annex 4). The team was not able to visit the Garm Valley, due to security risks, or Gorno-Badkashan region, due to time and travel constraints. A list of places visited can be found in Annex 5.

¹ FAO/WFP(2002). Special Report of Crop and Food Supply Assessment Mission in Tajikistan, August 2002.

This report attempts to directly deal with the critical issues and questions outlined in the scope of work and stated above. This report does not seek to evaluate programs but rather to substantiate whether food aid is still needed and identify promising practices that address the current nutrition and food security situation. It is not exhaustive, given that the team was in Tajikistan for only 10 days. The report covers the following topics: country context, the current resource allocations, current food security and nutrition situation and whether there is still an emergency, the appropriateness of current food aid programming and whether food aid still needed, recommended priority interventions and complementary activities, policy and strategy directions, and recommendations.

II. Country Context

Tajikistan is a landlocked republic in southeastern Central Asia bordered by Kyrgyzstan to the north, Uzbekistan to the west, China to the east and Afghanistan to the south. The country covers 143,100 square kilometers. Much of the country is mountainous (97 percent) and almost half the country lies at an elevation of 3000 meters or above. Only 7 percent of the land area is arable due to the mountainous terrain and other agro-ecological factors. The country is subject to frequent natural disasters such as earthquakes, mud/landslides and flooding.² The country is divided into four regions: Khatlon in the southwest; Sugdh (formally Leninabad) in the northwest; the Region of Republican Subordination (RRS) in the central part of the country; and, in the east, the Autonomous Region of Gorno Badakshan (GBAO), an ethnically based sub-unit which occupies about 45 percent of the territory. The population of 6.5 million is concentrated in the valley areas of the north and southwest.³

Tajikistan had always been the poorest republic in the former Soviet Union. The end of the Soviet era resulted in the cessation of subsidies and raw materials and inputs supplies from Moscow and the advent of high rates of unemployment, with only meager and diminishing social protection from the central government. In the post-Communist and post-war period there has been some movement towards the establishment of democracy and a free market economy. However, progress has failed to live up to the expectations of the population. There is nostalgia among some segments of the population for the previous system, where the state assured the provision of food, access to free health care, education, housing, salaries and pensions.

Political and Socio-Economic Background

Newly acquired independence had a destabilizing impact and marked the outbreak of struggle between the five main regionalist groups (Leninabadis, Gharmis, Pamirs, Kulyabis and ethnic Uzbek Tajiks) over the control of resources and the drug traffic network. In 1992, Russia and Uzbekistan were dissatisfied with the results of Tajik elections that gave power to a democratic Islamist majority.⁴ Both countries were engaged in the conflict. The war pitted secular and pro-communist forces against an alliance of democrats and Islamists. It set region against region. The war had devastating repercussions, with between 60,000 and 100,000 killed, some 600,000 displaced, and a further 80,000 who fled. The cost of the conflict is estimated at US\$7 billion.

² OFDA/CRED International Disaster Database

³ CIA. (2001) Fact Sheet, Tajikistan.

⁴ Zartman, J. (2001). *The Cultural Explanation of the Tajik Civil War*, FONDUS, Dushanbe.

The signing of a peace agreement in 1997 marked the end of the civil war.⁵ The risk of the resumption of civil war seems to be low and social unrest appears to be localized. The long troubled relationship with Uzbekistan has been cause for concern in the international community. Uzbekistan has mined the frontier with Tajikistan, blocks deliveries of goods through border closings and constant harassment of merchants, and cuts deliveries of crucial goods such as gas. The extensive Afghan border also poses a serious threat. It is difficult to control and Tajik authorities have voiced concern about the traffic of drugs and illegal weapons. It is estimated that 30-50 percent of the economy is linked to the drug trade. Afghan refugees have been denied access to Tajikistan as a government measure to curb the drug trade.⁶

Years of conflict led to the deterioration or destruction of much of the existing social and economic infrastructure. Economic networks broke down, and investor confidence declined. This led to both capital flight and mass emigration of highly trained professionals such as teachers and doctors (so-called “brain drain”). Four years of severe drought caused greater impoverishment and a depletion of productive and household assets. Recent economic and social indicators reflect the adverse impact of this transition period since independence. Per capita gross domestic product is a mere \$167, and monthly salaries are as low as \$3 and often are in arrears. Monthly incomes of 80% of the population fall below the minimum food basket cost⁷. It is estimated that 80 percent live below the poverty line.⁸ Recent estimates suggest that between 20 to 33 percent of the population is extremely poor.⁹

Eighty-four percent of urban and rural households rely on home gardens for 40 to 50 percent of their food requirements. Reduction in the number of meals eaten per day and the size of portions are common coping strategies employed by 44 and 30 percent of households, respectively.¹⁰ A recent study revealed that 85 percent of households in Khatlon Region changed their consumption patterns and/or switched to cheaper foods as a direct consequence of inadequate food stocks and insufficient wage labor.¹¹ Out-migration, begging and fuel-wood sales are additional common coping strategies.

A substantial reduction in social services in general is reflected in the decline in per capita health spending - from \$6.20 in 1990 to \$1.50 in 2002. This has a direct impact on mother and child health and led to a sharp increase in infectious diseases.¹² Recent estimates of the under-five mortality rate are 126 in 1000. This contrasts markedly to figures cited by the MoH of 19 in 1000. Infant and maternal mortality are also thought to be approximately three times the official rate. Infant mortality is estimated to be 89 in 1000. Most maternal deaths are related to pregnancy. Various studies indicate that up to 85 percent of deliveries are taking place at home.¹³

⁵ International Crisis Group (2001). *Tajikistan: An Uncertain Peace*, ICG Asia Report 30, December 2001.

⁶ International Crisis Group (2001). *Incubators of Conflict*, ICG, Asia Report 16, June 2001

⁷ ACTED. (February 2002). *Support to Small Farmers Associations in Tajikistan: Khatlon and Sughd Regions*. Dushanbe, ACTED.

⁸ CIA (2001) Fact Sheet, Tajikistan.

⁹ Falkingham, J. et al (2002). *A Profile of Poverty in Tajikistan*. London School of Economics and World Food Program. *Pre-Crop Assessment Mission Report and Cereals Yield Forecast for 2002: Tajikistan*, Dushanbe, WFP.

¹⁰ World Bank (2000). Republic of Tajikistan Poverty Assessment, World Bank and Cederstrom, T. (2001). *Not By Bread Alone: Household Livelihood Security in Rural Areas and Urban Tajikistan*, Save the Children Fund US.

¹¹ OXFAM GB (2002) Early Warning Bulletin, OXFAM GB Community Situation Indicators, June 2002

¹² UN Consolidated Appeal, 2003

¹³ Falkingham, J. (2001). *Inequality in Access to Health Care in Transition. The case of Maternal Health in Tajikistan*, London School of Economics, draft.

It is estimated that only 57 percent of the population has access to safe water. The continued deterioration of water and sanitation services has led to outbreaks of water-borne diseases particularly typhoid and cholera.

However, the vast majority of the population over age 15 is literate. While education of those under 15 was affected by civil conflict, currently an estimated 83 percent of children 7-11 are attending school, albeit with deteriorating infrastructure and declining school resources.¹⁴

Agriculture and Food Security Background

Prior to the collapse of the Soviet Union, the main sources of employment for rural households were the collective farms (kolkhoz) or the state farms (sovkhos) and to a lesser extent agro-processing industries (see Annex 6 on land use terms). These farms concentrated on the production of cotton, especially in, but not limited to the Khatlon Region. The intensive focus on cotton production led to the creation of extensive irrigation systems skewed toward water delivery for large-scale cotton farms, a highly concentrated labor market in cotton producing areas and a national economy heavily dependent on cotton exports. The Government continues to issue area quotas for cotton, e.g. 70 percent of the area must be planted to cotton. Not surprisingly, cotton still occupies approximately 33 percent of the area under cultivation, and generates 30 percent of export earnings and tax revenues. It is the second largest export earner after aluminum.¹⁵

Kolkhoz farms still account for a large percentage of rural jobs, and in many instances, provide the only source of income for poor rural households. Kolkhoz employment, however, is generally far from ideal. Laborers earn very little and payments are usually in arrears. In the cotton sub-sector, where most of the manual labor is performed by women and children, workers who participate in work brigades throughout the cotton season receive payment based solely on their productivity during the harvest period (by the volume of cotton harvested). Numerous Kolkhoz employees noted that access to cotton stubble for use as fuel was the primary incentive for continuing to work on the Kolkhoz farms. Workers also noted that the desire to stay connected to land that ultimately will be privatized sometime in the future and a strong commitment to their village-based work brigades are additional important incentives.

Law No. 6 was promulgated in 1991, initiating the privatization of state property including land, equipment and other assets. Starting in 1992, land could be leased and numerous work brigades began to enter into short-term (under 5 year) rental agreements with Kolkhoz managers or Hukomats (district administrators). In 1995, the government, through the Hukomats, made 50,000 hectares of land available to vulnerable households for supplemental cultivation. These lands are commonly referred to as presidential land. New legislation in 1996 provided for the introduction of dekhan farms (land with individual usufruct rights), allowing for the reallocation of kolkhoz land to brigade workers. Typically, brigades negotiate for land collectively but work the land individually. While these changes potentially presented excellent new opportunities for poor households, there are some serious limitations. Many of the Kolkhoz farms had

¹⁴ UNICEF (2000). Multiple Indicator Cluster Survey, UNICEF Tajikistan.

¹⁵FAO/WFP (2002). Special Report of FAO/WFP Crop and Food Supply Assessment Mission in Tajikistan, August 2002; World Bank (2000) Republic of Tajikistan Poverty Assessment; personal interviews.

accumulated significant debt, which is currently being passed on to the new “owner.” Presidential plots are often larger than home gardens and dekhan farms and easier to acquire, but they are generally located far from the village, often on hillsides, and are nearly always of poor quality. In addition, the hukomat and the Ministry of Agriculture district offices reserve the right to repossess land. Theoretically, repossession should occur only if it is deemed mismanaged. Finally, female-headed households tend to receive less land because, with fewer adults in their households, they are considered less able to use the land to its maximum potential. One ACTED study noted the inequality in land distribution: women’s dekhan farms are 39 percent smaller than men’s, their presidential plots are 51 percent smaller and their gardens are 19 percent smaller¹⁶.

The main food crop is wheat, which suffered losses during the extended drought period of 2000-2001. Underlying causes of low wheat yields are many. They include: poor drainage due infrastructure problems and broken pumps, inadequate fertilizer application, poor quality seed, low germination rates, brown rust, limited crop rotation and non-optimal timing of production. Other major crops include potatoes and rice. Barley is grown on higher altitude hillsides but is largely used for animal consumption, as is maize. Onions, tomatoes, and fruit (especially apples, pears, grapes, and watermelon) are typically grown in home gardens. Improved input use (such as improved seed, fertilizer and pesticides) is limited except in cotton production. Irregularities in irrigation water supplies reduce farmer incentive to use improved inputs.

Other common and/or important agricultural activities are animal husbandry, especially in mountainous areas, and silk production. Common livestock include cows, sheep, goats and chickens. Livestock numbers drastically declined due to the war. While Tajikistan has significant potential for the production and marketing of livestock and livestock products, there are serious constraints confronting the sub sector. These include but are not limited to: land for forage production; overgrazing and unclear pasture tenure; a weak public veterinary health system and few private sources; unaffordable medications and insufficient resources for artificial insemination; high rates of mortality and barrenness due to infectious diseases; few livestock processing centers; limited effective consumer demand for livestock products; and, lack of information on market opportunities. With respect to the silk sub-sector, mulberry trees line fields and residential borders, and there is some attempt to revive the silkworm business. Several PVOs noted that poor-quality silkworms require higher labor input for the collection of mulberry leaves to feed the worms, but earn low farm-gate prices, reducing the profitability (or profit margin) of silk production for rural households.

Farmers have limited experience in commercial production and a small political and economic elite has significant control of the market. These elites extract taxes at informal checkpoints and provide credit to farmers at unfavorable terms. Cotton marketing, which flows through state and newly established joint venture cotton companies, lacks transparency. Input markets are weak and the quality of inputs is poor. Insufficient cash income among rural households, however, is the biggest constraint on increasing the use of improved inputs.

¹⁶ Guerin, F. (February 2001). *Preliminary Gender Assessment of ACTED Group Revolving Funds in Khatlon Region*, Dushanbe, ACTED.

Given the limited access to land and capital, many rural inhabitants are more and more compelled to work as agricultural wage laborers, often on farms run by kolkhoz managers. A very important source of income for many rural households is contract labor in construction, on dekhan farms, and as market carriers and other temporary day laborers. Small enterprises built upon sowing, small livestock rearing, dairy production, food preparation (e.g., bread) and petty trade can provide a significant contribution to household income. Many of these enterprises are initiated and supported by women.

The drought of 2000-2001 directly affected over one million people each year and compounded existing vulnerabilities in all sectors. Cereal production was estimated at around 444,000 MT in 2002, an increase of 30 percent over the previous year due to good rainfall. However, cereal production covers only about 40 percent of the total consumption requirements. A deficit of 112,000 MT is estimated for 2003.¹⁷

III. Current Food Security and Nutrition Situation – Is There Still an Emergency?

Relief to Development Continuum

The humanitarian situation in Tajikistan can best be described as precarious and complex in a challenging regional context. There is an underlying threat of both natural disasters and localized conflict. Tajikistan is still in the very early stages of economic and political transition. Despite the stated commitment to privatization and reform, much of the economy is still controlled by an inexperienced and resource-poor government. In some instances, policy and legal reform lag behind structural transition, creating seemingly insurmountable disincentives to private sector initiatives and growth. In other instances opportunism, corruption, and ineffective implementation of reforms undermine the fulfillment of legal and policy objectives. All of these factors contribute to, or aggravate the existing vulnerability to food insecurity.

Current wisdom on the “relief to development continuum” revises earlier linear concepts, more accurately describing it as oscillating in an irregular pattern of progression and regression. In other words, the delineation between emergency, transition and development is not static, but rather constantly shifting. This is certainly the case in Tajikistan. Tajikistan is clearly moving away from a situation that requires a predominately relief response to one that can slowly build self-reliance through a combination of humanitarian assistance and development programs. Yet, the population is teetering on the edge and can easily slide into a position of extreme food insecurity because it has few or exhausted reserves and significant risks (high morbidity, frequent drought conditions and a weak and opportunistic political environment). Thus, FFP’s “developmental relief” approach could apply to Tajikistan.

Nutritional Status

The nutritional status of a population is often used as a barometer of a situation. In Tajikistan, annual national nutrition surveys (NNS) conducted between 1999 and 2001 revealed persistently

¹⁷ UN Consolidated Appeal, 2002

high malnutrition rates.¹⁸ The very high rates of acute malnutrition were a cause for concern since they were above standard indicators of a crisis situation.

Chronic malnutrition (stunting) has remained high over time at 31 percent.¹⁹ The rate of severe acute malnutrition in 2001 was very high at 4.2 percent. The global acute malnutrition rate showed a significant hike between 1999 and 2001 from 9.6 percent in 1999 to 17.3 percent in 2001.²⁰ The most recent NNS conducted in May/June of 2002 did show a marked decrease in the acute malnutrition rate to 5 percent, however several factors underlie this decrease.

Acute malnutrition is related to season in Tajikistan. The annual national surveys for the years 1999 through 2001 were conducted in the early fall. Diarrheal diseases peak at this time of year, reflecting deterioration in water quality. Many households reported consuming water directly from irrigation channels and rivers, the availability of which decreases markedly in quality and quantity during the late summer. Malnourished children in repeated surveys were 2-3 times more likely to have been ill recently. The very high rates of acute malnutrition in 2001 were associated with the seasonal peak in diarrheal diseases and likely were exacerbated by lack of food in the household as a result of the drought. The drop in acute malnutrition in 2002 was due to the timing of the survey. It should be noted that a large pool of children (7.2 percent) were found to be in the “at risk” category, that is those children who were just above the standard cut off for being defined as malnourished (between -1.5 and -2 SD WFH). Thus, there are large numbers of children at risk of becoming wasted should they succumb to diarrheal diseases or other common illnesses, such as acute respiratory illnesses. There are also a number of children who have TB and associated wasting. The seasonal phenomenon clearly shown in the 2001 and 2002 nutrition surveys is also reflected in admissions to therapeutic feeding centers.

The nutrition surveys show that in every region, infants and small children aged 6 - 29 months have much higher rates of both acute and chronic malnutrition than older children (two to seven times more at-risk). Nutritional causal analyses have consistently shown that inadequate infant feeding and care practices, and poor water and sanitation facilities within the household are the main underlying causes of malnutrition. Exclusive breast feeding of children up to six months is not widespread. Approximately 19 percent of children younger than four months old are exclusively breastfed. Early introduction of complementary fluids and foods is prevalent.²¹ Children who had never been breastfed had four times the risk of being wasted. Wasting was also associated with those families who were eating less than three meals a day and who worked on a kolkhoz. The latter is likely linked to lack of land access, very low cash income and mothers working long hours outside the home, thus impacting on care practices. The inherent risk of malnutrition due to these practices is compounded by unhygienic household environments.

There are no clear regional differences in malnutrition rates. Chronic malnutrition is slightly more likely in those living in peri-urban areas with little access to land or the benefits of trade

¹⁸ National Nutrition Surveys are a collaborative effort between 12 partner agencies in Tajikistan. Action Against Hunger (AAH) was appointed coordinating agency to analyze and disseminate results in 2001 and 2002. The surveys used sound standard sampling methodology, as such the findings are credible. The surveys in 2001 and 2002 used multivariate analysis to attempt to find the factors associated with nutritional status.

¹⁹ Chronic malnutrition (stunting) is defined as children 6-59 months, height for age < -2 Z scores.

²⁰ Acute malnutrition (wasting and/or oedema) is defined as children 6-59 months weight for height < -2 Z scores and/or oedema.

²¹ UNICEF (2000). Multiple Indicator Cluster Survey.

and regular paid work. High unemployment, heavy drinking and stress appear to have an indirect impact on malnutrition rates. Absence of conflict in the household was found to be a key protective factor.²² Lack of access to basic health care and essential drugs, low immunization rates and the precarious food security situation for many households clearly impacts on malnutrition rates in all groups.

Chronic malnutrition has remained unchanged over the past three years. Stunting is associated with frequent periods of illness over time. Iodine deficiency is widespread in Tajikistan and the report analysis notes that this could have an effect on stunting rates. Analysis found household food insecurity to be a causal factor in chronic malnutrition. Contributing factors are many and varied. They include: low agricultural yields, poor irrigation, increased migration, exhausted coping mechanisms, the erosion of assets (particularly productive assets such as livestock), the collapse of family support networks and a lack of alternative cash sources. Frequent periods of illness and poor feeding practices are also leading contributing factors in stunting and underweight.²³ The importance of ensuring good care and feeding practices is demonstrated by recent Positive Deviant Inquiries (PDI) that revealed there are “well off” children who are malnourished and “poor” children who are well nourished.²⁴

The nutritional status of women did not emerge as a problem in the surveys. Nevertheless, plenty of anecdotal evidence suggests cause for concern. The prevalence of anemia is extremely high. Approximately 60 percent of women are anemic and the prevalence is much higher in some regions.²⁵ Chronic energy deficiency (CED) and micronutrient deficiencies are undoubtedly impacting on low birth weight (LBW), inter-uterine growth of babies and the ability of women to work and care for families.

Micronutrient status is not well documented, however, attempts are being made to study this issue²⁶, and there is enough information to draw certain conclusions. For instance, Both iron deficiency anemia, and iodine deficiency are still major public health issues in Tajikistan. There are no official data on prevalence of Iodine Deficiency Disorders (IDD). But, goiter is estimated to effect between 10 and 15 percent of the population country-wide. The numbers may be much higher, up to 42 percent in children and 65 percent in pregnant and lactating women.²⁷ This is due to the fact that only 20 percent of households have adequately iodized salt.²⁸ The impact of iodine deficiency on growth and development makes it a particular cause for concern. The Health and Nutrition surveys (HNS) conducted by the Aga Khan Network in Gorno-Badakshan found high rates of clinical multi-micronutrient deficiency. Given the high rates of anemia and restricted diets in many parts of the country, it is likely that multi micronutrient deficiency is widespread.²⁹

²² Personal interviews with Mercy Corps International. Positive Deviance Inquiry (PDI) in Sughd region., 2002

²³ National Nutrition Surveys 1999-2002.

²⁴ Save the Children in Penjikent and Mercy Corps International in Khojand.

²⁵ Asian Development Bank (2001), Proposed Grant Assistance to Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children

²⁶ A large-scale survey of prevalence of vitamin A deficiency (VAD) had just been completed by UNICEF at the time of this assessment visit, but results were not available to incorporate here.

²⁷ Abdusalom, V. (2002) Asian Development Bank.

²⁸ Program Against Micronutrient Malnutrition (PAMM), 2000

²⁹ Health and Nutrition Survey, AKDN(1998). Results from recent surveys are not yet available.

Beyond Emergency Relief

When interpreted in context, the acute malnutrition rates, while cause for concern, do not indicate a crisis situation. Acute malnutrition is closely related to season. The problem is not the absence of food, but rather health compromising behaviors and poor quality diets. In order to address the causes of malnutrition, an integrated developmental relief response is required.

The prolonged period of drought in Tajikistan appears to be over. Yields of wheat and other cereals have improved and production has increased significantly over the last several years (approximately 30 percent compared to last year) despite the slower expansion in the area planted. Organizations providing assistance to Tajikistan are increasingly moving from emergency to transitional or recovery programming.³⁰ FAO will shortly replace the current emergency coordinator with a development officer. Similarly, the European Union has shifted its focus from food aid to cash-based programming for rehabilitation and income generation, while still acknowledging the continued need for well-targeted food aid programs. New programs are concentrating on health and water as well as seeds, tools, and irrigation rehabilitation, all essentially recovery activities. PVOs are progressively increasing the use of phased FFW programs whereby the ration is continuously reduced as recipient households and communities gain greater self-reliance. They are also focusing their programs more on micro-enterprise development, strengthening local seed and input systems and building organizational capacities - all recovery and traditional development activities. WFP's most recent vulnerability assessment identifies significant areas of continued vulnerability, which concurs with the observations and assessments of numerous PVOs and international organizations. Among the overall population, however, there is a clear movement from widespread acute food needs characteristic of an emergency toward more targeted and/or short-term food aid needs.

IV. Appropriateness of Current Food Aid Programming - Is Food Aid Still Needed?

For the most part food aid, even in the form of direct distribution, does not have a direct impact on nutritional status, rather it is used as an economic transfer. Food aid alone will not address the high rates of malnutrition in those most affected (younger than 2.5 years old). However, food aid plays an important role in programs that seek to address the causes of malnutrition. This is discussed further in Section 5.

The recent WFP/FAO 2001-2002 food crop assessment indicated a cereal deficit after accounting for commercial imports of 112,000MT,³¹ and USDA's Food Security Assessment projects a significant food gap into 2009.³² Nearly all individuals interviewed agreed that there still are many food insecure households in Tajikistan. WFP's most recent VAM identifies districts in western GBAO, the Kulyab District of the Katlon Region and Isfara District of the Sughd Region as areas with the highest food insecurity or vulnerability. Several northern districts of the Sughd

³⁰ Interviews with representatives of international organizations and PVOs/NGOs.

³¹ FAO/WFP (2002) Special Report of FAO/WFP Crop and Food Supply Assessment Mission in Tajikistan, August 2002.

³² The "food gap" is calculated using the FAO minimum daily caloric intake standards necessary to sustain life with minimum food-gathering activities, which is comparable to the energy level of a refugee, not an active Tajik. USDA. "Food Security Assessment: Situation and Outlook." Washington, DC, USDA, AFS. (2000).

Region and a line of districts running from Panjekent District in the west through Tavildara District to the east are considered areas of high food insecurity or vulnerability.³³

There is near consensus on the categories and characteristics of vulnerable households. The characteristics include limited access to land or livestock ownership, lack of cash income earning opportunities, female-headed and numerous members or a high dependency ratio.³⁴ ACTED also notes several additional or more specific vulnerability factors or characteristics such as households with access to less than .2 hectares of land, incomes below \$60/month, the presence of a chronically ill member or an invalid, and children living with grandparents.³⁵ The Asian Development Bank highlights families with more than five children, members of a group dekhkan farm that produces basic grains and returning displaced or refugee households.³⁶ Teachers, doctors and civil servants are vulnerable because their salaries are extremely low and in arrears. Pensioners are vulnerable as a result of eroding pensions: a typical pension was valued at approximately 35 percent of monthly salaries in 2000.³⁷ The region with the most vulnerable households is Khatlon. Sughd, RRS and GBAO follow respectively.

Food deficit/cash constrained households aim to acquire enough wheat, the preferred basic food crop, to cover their family's needs for the year. Unfortunately, most households only produce enough for a few months due to poor quality seeds, small plots with poor quality soils, insufficient application of inputs and poor water management. As an alternative strategy, some households produce another higher value crop, such as potato, rice or vegetables that they can sell and use the proceeds to purchase wheat. Men tend to buy young livestock at primary harvest time, fatten them during the warm season and sell them in the fall. They may use the earnings to purchase wheat. Households also create microenterprises and engage in a variety of temporary labor activities. Together these activities slowly build the capacity of households to meet their food needs and other basic necessities as well as to invest in their future earning capacity.

Food aid, especially wheat flour, has the effect of expanding a household's resources or annual budget. Households can use the cash generated from crop sales to buy better seed, inputs, livestock and fodder, cloth and other basic necessities. They can slowly build their annual budgets by investing their earnings in agricultural production or a micro-enterprise instead of turning all of their income into wheat. They can also use the cash to diversify their diets. Since the conflict and drought ended, PVOs and the beneficiaries themselves can detect a progression toward greater self-reliance, but households are still struggling. As Tajikistan moves from emergency to development, food aid programming should continue to reduce the use of free distributions and increase the emphasis on household self-reliance through FFW and income-generating interventions such as micro-enterprise development and microfinance. Food aid can help sustain this progression in the short and medium term and prevent households from sliding back into a life-threatening food deficit position. Thus food aid and the types of programs supported with food aid resources are still needed in Tajikistan.

³³ WFP (2001). *Vulnerability Assessment and Mapping*, Dushanbe, WFP. 2001.

³⁴ Discussions with numerous PVOs/NGOs.

³⁵ ACTED. (September 2002). *Food Security for Vulnerable Rural Groups in Tajikistan: Irrigation, Agricultural Inputs, Community Mobilization, Rural Credit: October 1 2001 – October 31, 2003*, Dushnabe, ACTED.

³⁶ Asian Development Bank. (2000).

³⁷ World Bank (2000). *Interim Poverty Reduction Strategy Paper*, Dushanbe, March 24, 2000.

There is considerable opportunity to program food aid in the form of direct distribution in Tajikistan. It can be used as supplemental food for acutely malnourished children or institutional feeding programs, including school feeding, as an incentive for participation in maternal and child health and nutrition (MCHN) programs, as in-kind wages for rehabilitation of common access goods such as irrigation systems and as incremental income for food deficit, cash constrained households. Tajikistan is a country where food aid can be successfully implemented in the form of direct distribution in both health/nutrition and agricultural programming.

While food aid resources are clearly still needed in Tajikistan, it is less clear what type of food aid resources are most appropriate – USDA 416(b), USDA Food For Progress, USAID/FFP PRRO, or USAID/FFP Development Activity Program. Different programs support different goals. For example, USDA/Food for Progress programs support agricultural and economic development and USAID/FFP programs support food security. The length of the programs has implications for the kind of activity that can be supported – micro-enterprise and micro-finance activities require at least 3 years, other capacity building efforts require longer time frames. Annex 8 notes some of the advantages and challenges associated with each type of food aid resource. According to program mandates and regulations, any of these food aid resources could be justified for Tajikistan. The issue is more related to priority-setting, given the scarcity of food aid resources combined with an unusually high demand. This review does not recommend the use of specific food aid resources, but rather substantiates the need for food aid and identifies important interventions that food aid resources should support.

V. Priority Interventions - What Are the Best Practices that Should Be Encouraged and Scaled Up?

Several types of interventions emerge as priorities. They stem largely from programs that have been shown to have an impact and should be maintained, scaled up or replicated. Some programs include direct distribution, others use monetized food aid to support cash-based activities, and still others predominantly rely on cash-based programs such as micro-enterprise development, mainly supported by funds available through the Freedom Support Act. Various PVOs/NGOs combine food and cash resources differently, it is therefore difficult to generalize about what is the most successful or appropriate combination. Furthermore, since many programs are a combination of food and cash programming, it is impossible to isolate the specific impact of direct distribution or even food aid. For these reasons, the programs listed below represent good food security and nutrition interventions. This is not an exhaustive list, but gives an idea of some key priority areas that should be continued or scaled up with either or both food aid and cash resources.

Vulnerable Group Feeding (VGF): WFP provides a general ration for seven months of the year to approximately 1 million people. The ration is distributed every two months and consists of 400g flour, 150g sugar, 30g oil and salt/person day. The ration is based on household size.³⁸ Vulnerable group feeding is being phased out as communities transition from the emergency drought period. WFP estimates that 5 percent of the population are destitute and in continued need of direct distribution. Future programming will be geographically targeted and seek to

³⁸ The ration should include pulses but has not for some time. There is not always sugar. Half the ration is given to under fives. The ration should theoretically include 2100 kcal/person/day as per recommendation of the 2001 survey.

cover 300,000 severely food insecure beneficiaries. WFP is increasingly using a community-based targeting mechanism to prepare lists of vulnerable people. In some areas this has caused problems as influential people have been removed from lists, which provoked serious acts of revenge against community monitors. Following a recommendation from the National Nutrition Survey of 2001, WFP agreed to provide a family ration to those families with malnourished children submitted to feeding centers in the Khatlon region. In other regions, a blanket ration of fortified blended foods (CSB/WSB) was provided for all children under five and pregnant and lactating women. Quantities were small, however, and in the program areas visited in Khatlon, this was not ongoing. Thus it was difficult to determine if the blanket ration had an impact.

As PVOs/NGOs begin to focus more on self-reliance and development, there will be a greater need for closer coordination between WFP and the PVO local teams concerning the targeting and timing of vulnerable group feeding distributions. Simultaneous distribution of free food and implementation of FFW and non-food aid based development activities creates friction within the local population and between program implementers and communities. Free food and other inputs can also act as disincentives both by reducing the participation in non-food supported development activities but also by influencing local commodity prices. Communities visited, however, exhibited a generous concern for vulnerable members, suggesting that a well-designed, transparent vulnerable group feeding program could be continued without provoking undesirable friction. And, close monitoring of the incentives and disincentives of food aid can help prevent problems and highlight where food aid is still a useful, and not harmful, programming tool.

Selective feeding of acutely malnourished children under five: Action Against Hunger (AAH) is currently implementing 91 take-home supplementary feeding programs in 17 districts of the Khatlon region. Approximately 20,850 acutely malnourished children under five are enrolled in the program.³⁹ Approximately 900 children are treated in five therapeutic feeding centers (TFCs).⁴⁰ Therapeutic milks (F100 and F 75) for the treatment of severe malnutrition should be provided by UNICEF according to the MOU between UNICEF and WFP, but this appears erratic and AAH reported purchasing these commodities with their own resources. Complementary cash resources are provided from ECHO and USAID/CAR Mission. While the admissions to TFC programs show seasonal fluctuations, there is a continued need for programs that manage severe malnutrition. Emphasis should continue to be placed on integrated health, food security programming and changing practices at household level. The selective feeding program in Khatlon seeks to build capacity of local health personnel in the management of acute malnutrition. It is possible that this could be scaled up to include national protocols on the management of moderate and severe malnutrition. Such a policy would also integrate into the Integrated Management of Childhood Illness (IMCI) strategy, which is just beginning in Tajikistan.⁴¹ Emphasis should be placed on management and identification of malnutrition and dehydration at community level while at the same time providing capacity among health professionals to manage the small number of serious referrals, particularly during the late summer and fall period when severe malnutrition peaks. Coverage might be improved by using

³⁹ The ration includes wheat flour, oil and sugar from WFP and BP5 energy bars brought by AAH. BP 5 is used as a micronutrient vehicle to fortify the premix. The ration is provided once a week.

⁴⁰ Children are admitted to feeding programs according to standard criteria. Children with weight for height <-2 Z scores are admitted to SFP's. Children with a weight for height < -3 Z scores and/or oedema are admitted to TFCs.

⁴¹ National adaptation of IMCI algorithms and training materials has been completed and training will begin in two pilot districts near Dushanbe. Household/community IMCI is the weakest component.

community-based management of severe malnutrition in the rehabilitation phases.⁴² All mothers who come to receive rations receive education and there is evidence that these simple repeated messages are showing results.

Food ration incentives to pregnant and lactating anemic women to promote prenatal care visits and behavioral change: Under the Tajikistan Vulnerable Group Assistance Project (TV GAP), CARE is targeting 55,000 pregnant and lactating women with 2nd and 3rd degree anemia in 11 districts of Dushanbe city and the surrounding area. The program uses commodities from USDA. The ration includes wheat flour, oil and dehydrated potato flakes. Rations are distributed in three cycles for nine months of the year and aim to provide 1600kcal. Distribution is through 71 local MOH health facilities. The ration is an incentive for participation, and it does not directly impact on addressing anemia in women since it does not contain micronutrient rich food.

The nutrition education component delivers messages on prevention of anemia, infant feeding care and practices and breastfeeding and promotes the importance of prenatal visits and childhood immunization. A large cadre of health personnel has been trained to deliver the messages and a wide variety of Information, Education and Communication (IEC) material has been prepared. The messages are repeated at every contact with the health center and during home visits. Knowledge, Attitude and Practice (KAP) surveys at baseline and final showed significant improvements in women understanding the causes and consequences of anemia. Breast feeding practices also markedly improved. It is interesting to note that when asked, the health staff and women themselves said that they would have much less reason to attend without the food. There is some resentment among women who are not pregnant or lactating that only this group receives food, but, despite this, the program seems relatively immune from abuse. There is some evidence that the messages are transmitted by ripple effect to others in the community. The program does not cover, however, the large group of women 15-45 who are anemic but not pregnant or lactating and, thus, is not directly addressing the problem of depleted iron stores before a woman becomes pregnant.

School Feeding Programs: Over 360,000 children are being fed in school under WFP programs. Several programs include FFW for teachers (such as SCF and CARE with USDA resources) and small brigades of workers who tend school gardens established as income-generating enterprises for the schools. Commodities usually include wheat flour, oil, sugar, peas, potato flakes and salt. Contributions are provided from the community through Village Development Committees (VDCs). School feeding reportedly has significantly increased school enrollment and attendance, while drop out rates have fallen. While this is difficult to quantify because data is scarce, parents, teachers and community committees confirmed this and suggested that school feeding had positive social and health impact on the children and has helped attention and overall wellbeing.⁴³

The school provides an opportunity for some successful health education programs. Child-to-child programs, for example, seek to use older children to teach peers and younger children

⁴² Drop out rates on the TFC's are high due to long length of stay, which keep mothers away from home and work for at least three weeks. At home treatment for those free from infection and eating well may decrease the drop out rate and increase the capacity to manage malnutrition in the community.

⁴³ Data collected by Save the Children US showed marked increases in school attendance in the period 1998-2002 in Sughd region.

about malnutrition, good health and hygiene practices and recognizing the danger signs of common childhood illness. Drop out rates in the higher classes, particularly for girls, is a widespread concern. Typically, girls drop out between 12 and 13 years of age. This is partly associated with both preparedness for marriage and the age of menarche. According to available studies of drop out rates, there are 89 girls for 100 boys in lower secondary classes and 63 girls to 100 boys in higher secondary classes. Some attempt has been made to provide girls with an incentive ration; however, this seems to be rather erratic.

Anecdotal evidence suggests that some children benefiting from school feeding programs may receive less food at home, although this was not substantiated. In fact, there is no nutritional monitoring of school feeding programs. The focus is on primary school attendance and the programs have been successful at drawing large numbers of children in. School feeding is for children seven and over and does not show an impact on the malnutrition rate since the age group primarily affected by malnutrition is the under-twos. Kindergarten programs in some urban areas for ages one to six have improved nutritional status in this age group according to growth monitoring (weight for age) data.⁴⁴ However less than four percent of children aged three to five attend kindergarten and most of these are in urban areas. Community kindergartens are being initiated as a pilot in rural areas in Sughd which may well improve nutritional status as well as freeing up mothers' time for income-generating activities.

Institutional Feeding Programs for Socially Vulnerable Groups: There are some 68 institutions accommodating about 10,000 children who are orphaned or have parents unable to care for them at home. The review team did not look at these programs due to time constraints. There is no state capacity to manage institutions for the socially vulnerable and no clear structure to take over those currently managed by international agencies. Therefore, it is difficult to eliminate these types of assistance programs. These groups are particularly prone to poor nutritional status, being ostracized by their community and unable to work or participate in market activity. Programs that support community and psycho-social assistance should be promoted.

Tuberculosis Program. (TB DOTS): There is a rising incidence of tuberculosis in Tajikistan, particularly improperly treated tuberculosis, which is leading to the development of multi-drug resistant TB. There is some concern regarding the high incidence of bovine tuberculosis, which can be transmitted through milk consumption from infected animals.⁴⁵ In the Soviet era treatment protocols were inefficient and required that patients be hospitalized until the treatment was concluded, leading to lengthy hospital stays. In addition, there are many other inefficient clinical practices such as mass x-ray screening, which can lead to misdiagnosis. The decline of health care funding has meant the system barely if at all covers the cost of facilities and there is no funding for drugs. As a result, patients are not being adequately treated. The system cannot afford to hospitalize patients for such a long time and thus the primary care system needs to be prepared to manage adequate supervision of outpatient treatment. The USAID-funded Project HOPE Daily Observed Treatment (DOTS) program is in a pilot phase in the RRS region. The

⁴⁴ Save the Children US Penjekent provides USDA commodities to 25,000 preschool children aged 1-6 in a kindergarten in Penjekent city. Growth monitoring shows improved nutritional status of these children.

⁴⁵ Brucellosis caused by *Brucella melitensis* and *B.abortus* has been traced to infected milks which are not pasteurized.

intention is to scale up the project to other districts and regions.⁴⁶ Food rations are needed as an incentive to keep patients in the program, to help with drug absorption, and provide nutritional rehabilitation. The number of beneficiaries in the program is small, at just over 1000. It is too early to see the impact of the program and the role of food aid. The ration provided with WFP commodities was not yet established at the time of our visit, but it is likely to include wheat flour, pulses, oil and sugar. A small amount of blended food should be added to the ration if available to ensure sufficient micronutrients.

Drinking water, sanitation and hygiene practices: As noted above, the lack of access to safe potable drinking water and poor hygiene and sanitation practices in the household have resulted in a very high occurrence of water-borne diseases. Outbreaks of typhoid and cholera are frequent. Available data from the Khatlon region shows an increase in diarrhea cases from 25,000 in 1997 to over 30,000 in 2001. These are cases reported at health facilities, however, true incidence of diarrheal diseases is likely to be much higher. Diarrheal disease is one of the key underlying causes of infant and childhood mortality, morbidity and malnutrition. Oral rehydration salts or home based therapies are commonly used, although supplies are erratic from UNICEF. ORS can be bought easily at the market. Recent studies found that only 20 percent of children with diarrhea received increased fluids and continued eating.⁴⁷ Unhygienic pit latrines that contaminate water sources and the environment contribute to the spread of disease. UNICEF estimates that almost half of the health facilities and schools depend on unsafe water sources. Promotion of simple hygiene and sanitation practices have been proven to have some impact. This includes boiling water, washing hands and covering pit latrines.

Opportunities to access well water are limited. In general, viable sources of good quality potable water physically located within Tajik communities are uncommon. During the Soviet period, the government maintained a regular water delivery service. These services have disappeared with the onset of the transition. Given the water access problem will unlikely change in the short- to medium-term, PVOs should consider identifying and promoting appropriate hygiene and sanitation practices to address the situation.

Interventions that address micronutrient deficiency: UNICEF has supported efforts to iodize salt in Tajikistan, however there are still major problems. Iodized salt is not sufficiently iodized and the cost of iodized salt is 20 percent higher than the non-fortified version. While it is beyond the scope of this report to make specific recommendations, clearly this must be further investigated and addressed. The Asian Development Bank has initiated a regional program of wheat fortification and salt iodization. Vitamin A deficiency (VAD) is likely to be widespread due to lack of diversity in the diet.⁴⁸ Vertical distribution of iodized oil, ferrous sulfate and vitamin A in GBAO did not achieve much impact, partly due to non-compliance but also because many deficiencies are related to multi-micronutrient deficiencies.⁴⁹ While supplements may be useful, emphasis at household level should be on diet diversity and preservation and on feeding practices. Food aid to groups particularly vulnerable to micronutrient deficiency should wherever possible include a fortified blended food. This would include TB DOTs patients,

⁴⁶ USAID's expanded response to tuberculosis includes a key focus on expanding the DOTS strategy in priority countries.

⁴⁷ Survey of schools conducted by UNICEF, 2002.

⁴⁸ WHO considers VAD to be a problem warranting intervention in counties with a IMR over 40/1000.

⁴⁹ Aga Khan Foundation U.S.A (2001) . Maternal and Child Nutrition Project, Detailed Implementation Plan for USAID/PVC Child Survival Grant, GBAO.

moderately and severely malnourished children, and children under two as a preventative measure.

School feeding programs can improve the micronutrient content of school meals through the incorporation of quality foods grown in home gardens, school gardens or otherwise supplied by the community. In most cases, communities do contribute ingredients for soups and other prepared foods. PVOs can encourage households within the community to grow or provide higher quality foods, and in the process increase the community awareness of the importance of diverse diets high in locally available micronutrient-rich foods. Another avenue for improving the micronutrient content of diets is to support small livestock restocking and dairy product micro-enterprise development. Women are particularly inclined to buy livestock, build their numbers and retain a portion of the eggs or milk for household consumption, unlike most men who tend to engage in single season animal fattening and resale activities.⁵⁰

Interventions that focus on behavioral change and address chronic malnutrition:

Interventions that have sought to promote changes in behavior appear to be successful. The highly literate population lends itself well to IEC initiatives. In areas where these programs have been active for a year or more, simple health hygiene and nutrition messages are changing practices. In Sugd region, two PVOs are initiating HEARTH-model programs to prevent and rehabilitate malnourished children. Existing Village Development Committees provide a solid basis for implementing community based nutrition programs.⁵¹ Save the Children has found that men voice both an interest and willingness in becoming more involved in health and nutrition issues including those related to gender-based violence.

Agriculture Rehabilitation: WFP and several PVOs implement food for work programs in agriculture rehabilitation supported with food aid resources from either USDA or USAID's emergency program. These types of programs are implemented with vulnerable populations such as refugees, returnees, widows and other female-headed households. FFW is mainly used to rehabilitate irrigation and drainage channels and to reclaim marginal lands, although there are road and public infrastructure works as well. To a varying degree, PVOs also assist in land and water access negotiations between farmers or brigade workers and the Kolkhozes and Hukomats. These rehabilitation activities are necessary for the restoration of households' productive capacities in agriculture and should be continued. Because the irrigation and drainage systems used by small-scale individual and group dekhan farmers and households with gardens are linked to large-scale Kolkhoz systems, it is imperative to rehabilitate and maintain up-stream equipment as well. Furthermore, it is essential to build water user associations and establish water use regulations and agreements in order to appropriately manage water use and assure that the needs of both the up-stream Kolkhoz and the down-stream dekhan farmers and gardeners are met.

As part of the 2000-2001 drought relief package for the Khatlon Region, numerous PVOs/NGOs participated in an OFDA-supported seed and fertilizer distribution. A number of PVOs (e.g., ACTED, SCF and CARE) also implement seed multiplication programs, several supported by

⁵⁰ Interviews with PVO field staff and beneficiaries.

⁵¹ Save the Children US recently started a HEARTH program in the Penjikent area. Mercy Corp has a HEARTH-like program known as the "fat baby" program in Khojand.

USAID's FSA-funded Food Security Project. They import improved wheat seed⁵² from Turkey or Kazakhstan for multiplication and produce, clean, treat and distribute second generation seed. Some PVOs provide seed and fertilizer to their beneficiary farmers through free distributions. Others introduce improved inputs free of charge but subsequent seed and fertilizer acquisitions are arranged on credit, at subsidized rates or, in some cases, at cost. Several PVOs also provide extension and training in farm budgets and marketing. The fact that Tajiks are largely literate facilitates the adoption and innovation process. In Khatlon, SCF and AAH also support greenhouses and small livestock production. ACTED is involved in livestock breeding. USDA food aid resources support SCF and CARE's agriculture programs.⁵³ These types of programs should continue to be supported.

Restoring Livelihoods and Income Generation: Micro-enterprise development activities in Tajikistan have been successful at introducing new income earning and income diversifying opportunities for many households, including vulnerable groups. The WFP PRRO supports Food for Work (FFW) programs providing training to vulnerable groups (mostly women) in new income generation skills such as the production of wet silk, wool, fruits, crafts and clothes. FFW is distributed to the participants and their trainers. The women learn basic business skills in addition to their new trade. WFP has also helped establish stores in larger towns where the women's products are sold and new orders can be placed. In addition to gaining a new skill and opportunity to earn income, the women noted that their groups constituted strong support networks among members and opportunities to share ideas and provide advice.

There is a long list of PVOs implementing micro-enterprise development and micro-finance programs in Tajikistan. They include but are not limited to CARE, AK Development Network, Agro-Action, ACTED, WFP, SCF, Tajikistan Social Investment Fund (TASIF), and Women in Development (WID).⁵⁴ Through USAID/CAR's Women's Economic Opportunities Project, CARE works with 660 women in 83 groups in areas in and around Dushanbe. They provide loans for crop production, chicken and egg production, animal restocking and small-business development. CARE claims to have a loan repayment rate of 100 percent. The objective is to improve food security of vulnerable women. Other PVOs do not restrict their microfinance programs to women, although women often constitute a significant percentage of the new entrepreneurs. Some programs employ rotating funds somewhat like traditional Tajik *tontines*.⁵⁵ ACTED noted that a wide variety of enterprises have been started via the *tontines* such as grinding mills, water lines for drinking water, baking ovens, village pharmacies, etc.

Integrated programs: Food insecurity in Tajikistan is the result of many factors and addressing one factor without the others yields less than satisfactory results. Because food insecurity is multidimensional and multi-sectoral in Tajikistan, food aid programming needs to take an integrated approach to addressing food insecurity. The Aga Khan Foundation (AKF) in GBAO has over time adopted an integrated community development approach that has had some noteworthy successes, such as assisting households in the movement from only 15 percent self-

⁵² Potato, rice and some horticultural seed have been distributed as well by some PVOs/NGOs in some areas.

⁵³ Project Briefing Paper. Dushanbe, CARE; CARE. (2002). Plan of Operation, CARE Tajikistan USDA Food for Progress Program; Save the Children Fund. (2001). Tajikistan Food for Progress Fiscal Year 2002 Proposal; AKF. (2001). Tajikistan Food for Progress Fiscal Year 2002 Proposal.

⁵⁴ Asian Development Bank 2002 assessment.

⁵⁵ *Tontines* are traditional rotating saving and credit associations.

sufficiency in wheat in 1995 to 80 percent in 1999.⁵⁶ Save the ChildrenUSA (SCF) has had a child survival grant since 1998 in the Sughd region and a USDA-supported food commodity program. During this period, the program developed a system through CDCs to raise funds to rehabilitate, re-equip and re-supply rural health facilities through health facility gardens. These gardens are tended to by FFW brigades and the income generated is used to purchase basic materials such as equipment, linens and supplies. Health facility farms grow mainly rice and maize for sale: patients and staff do not consume the output. In some cases, a small portion of the revenue goes to health workers as an incentive. SCF is developing health and nutrition messages that are based on positive deviant behaviors but also incorporate the potential contribution of home gardens – nearly every family has a home garden.

Thirteen schools and kindergartens and three health facilities have been rehabilitated since 1998 using FFW-supported garden projects and USDA commodities bartered for materials required to rehabilitate the facilities. There are currently 30 active health facility farms and 33 school farms. SCF support to health and school farms in the form of FFW, seed and other inputs gradually phases out with 100 percent support for the first season, half rations the second season without seeds or input subsidies, and no support for the third season. These activities form part of the overall health and nutrition strategy for the program.⁵⁷ It is clear that without food aid to support these activities, much of the health and nutrition program would have to be curtailed. SCF estimates that if food aid were terminated, the overall program would be reduced by 75 percent. The number of districts in Katlon Region covered by SCF activities would be reduced from 14 to 6. The number of schools that they could support would be reduced from 900 to just 250, and only a quarter of the farmer groups would be continued.

ACTED's development approach is to support household self-reliance. They employ an integrated food security method. As part of their performance assessment process, ACTED directly measured their beneficiaries' ability to cover their basic nutritional intake needs pre and post ACTED interventions. They note that in the first year of their program, households had doubled their caloric intake. At the end of five years, households had experienced a 29 to 44 percent increase per year.⁵⁸ The experience of ACTED and other PVOs (such as Aga Khan Foundation in GBAO) suggests that integrated programming can be very effective at addressing the food security and nutrition problems confronting Tajikistan.

Community focused interventions: A highly literate population in Tajikistan means that mobilizing communities to action is relatively easy. An example of a civil society initiative is the Community Development Committees (CDCs) that were first established in May 1995 by UNHCR in collaboration with the UNDP Peace and Confidence Building Project. These committees have been used for a number of purposes such as supporting peace and confidence building among youth and promoting the social and economic integration of returnees. The

⁵⁶ Asian Development Bank 2002 assessment.

⁵⁷ SCF US. (2002). *Zarafshon Partnerships for Scaling Up Innovative Approaches for Rural Tajikistan*, Save the Children US Child Survival application to USAID/DCHA/PVC, January 2002.

⁵⁸ ACTED. (April 2002). *Impact of ACTED Poverty Alleviation Activities on Beneficiaries' Wealth and Food Security: General Impact Matrix*, Dushanbe, ACTED.

ACTED. (September 2002). *Food Security for Vulnerable Rural Groups in Tajikistan: Irrigation, Agricultural Inputs, Community Mobilization, Rural Credit, October 1 2001 – October 31, 2003*. Dushnabe, ACTED.

CDCs have also been used to promote food security initiatives. PVOs/NGOs have used CDCs as an entry point and base from which to build the capacity for community-based food security interventions. SCF and CARE work through these community organizations as well as with farmer, women's and water user associations.

Most villages have a Village Development Committee (VDC). Community members have experience forming committees from Soviet times and readily accept responsibility and training. Members are often chosen by an election facilitated by NGO staff. VDCs usually consist of 7-10 members including village elders, a chairperson and other community members. Women are well represented and make up over 40 percent of members. Interviewed leaders of these committees were active and appeared to be focused on community needs and priorities. They seemed to be genuinely concerned about vulnerable households and community development. In general, Tajiks are generous and interested in the welfare of their family and neighbors. VDCs form the basis of community programming. For example, their role in health and nutrition is critical. VDCs can be involved in data collection and dissemination, identify and prioritize health needs, disseminate basic health and nutrition messages, refer children for immunization and growth monitoring and mobilize members for health education sessions and promote the uptake of practices identified through positive deviance inquiries. VDCs help identify development needs, organize and manage FFW brigades and monitor the progress of FFW activities. They have also been used to identify vulnerable families.

VI. Complementary Cash Programming

This review has identified numerous successful implementations of direct food distribution in Tajikistan. Direct distributions address immediate food needs and provides a small window of opportunity for building a recipient household's earning capacity (i.e., the role of food in expanding household resource budgets). However, in order to implement activities that rely on a significant amount of technical assistance such as training, capacity building and behavior change, there is a need for significant cash resources. For example, selective feeding programs can be integrated with providing essential complementary health services and delivery of simple health, hygiene and nutrition messages designed to promote behavioral change. This is important, because the program components that require cash resources are critical in addressing the causes of malnutrition and food insecurity.⁵⁹

The outcomes of FFW programs can be made more sustainable through training and capacity building, both of which require cash resources. Tajik agriculture relies heavily on large-scale irrigation systems that have been neglected for nearly a decade. Much of the initial rehabilitation requires employment of machines and equipment. Manual labor cannot substitute for machines under these circumstances. Under USAID/CARs Tajikistan program portfolio, there are Freedom Support Act (FSA) resources available through PA Consulting for irrigation rehabilitation. These resources make a valuable contribution to the restoration of irrigation systems, but they need to be complemented with efforts to build water management associations and promote successful dialogue and negotiation between Kolkhoz managers and Hukomats, and small-scale farmers, farmer groups and VDCs. The FSA-funded Natural Resource Management

⁵⁹ The AAH Selective feeding program in Khatlon uses commodities from the WFP and receives cash resources from ECHO and the CAR Mission.

Project does work on water management. This program and PVO efforts in this area should continue to be supported and expanded.

ACTED's Food Security Project, SCF's Agricultural Income Generation Project and CARE's Women's Economic Opportunity and Food and Economic Security Projects all support income enhancement through microfinance, skills training, extension or other capacity building interventions. These types of programs are essential components of recovery and transition. In the long run, as these micro-enterprises grow and mature, the diversification of household income earning strategies should contribute to greater resiliency to future climatic and economic shocks (see Annex 7). But micro-enterprise and especially micro-finance activities require start up capital and are, therefore, dependent on the availability of significant up-front cash resources. To stimulate business growth, new entrepreneurs need specialized training and this too requires cash resources.

Another area where cash programming can provide an important complement to food aid is the dissemination of information on land rights and legal advice. This type of support is desperately needed in Tajikistan because the laws are evolving and the government is without the resources to provide this type of service. Tajikistan will not resolve its land or natural resource legal, legislative and administrative issues in the short or medium term. Rural Tajiks will continue to face a dynamic and at times chaotic legal and institutional environment for some time to come. Donors and PVOs can provide some assistance to farmers in this difficult environment by helping farmers to clarify and secure their rights as well as supporting constructive dialogue and the forging of workable solutions between poor rural Tajiks and the local authorities (Hukomats and Kolkhoz managers). Successful reform on the ground can also influence the progression of reform at top levels in government.

VII. Policy and Strategy/Coordination

The food aid community frequently shares information through informal contacts and regular meetings. For example, there was effective coordination around the annual nutrition survey. Many of the recommendations outlined in the studies to date have been discussed in regular NGO/donor forums and followed up. This type of collaboration should be maintained and strengthened. The food aid community should use these opportunities to analyze the underlying causes of food insecurity and malnutrition, identify successful interventions that warrant scaling up and work toward developing shared, integrated strategies. The nutrition surveys and information exchanges provide vital information for programming and planning. They can be used to advocate for donor resources to support nutrition activities, draw technical government functionaries into the discussions and debates and to build policy from the ground up.

There is little donor support for nutrition interventions to date, in part due to the lack of perceived need. The MOH has a nutrition unit but not enough resources. It is critical, however, that the nutrition policy unit include health and food security and serve as a liaison between various ministries. UNICEF is the designated lead agency on nutrition and currently has no nutritionist. Donors may consider supporting the secondment of a nutritionist from the lead technical NGOs in Tajikistan such as AAH. This would serve several critical functions: act as a link between the government nutrition policy unit and NGOs; build national capacity to manage

malnutrition; document and disseminate promising practices; analyze and triangulate data for effective decision-making; form a link between food security, agricultural and nutrition and health interventions; ensure recommendations and findings of nutrition surveys are met; and, support and provide technical advice on aspects of specific micronutrient interventions.

The development of a food security and nutrition strategy for Tajikistan is one mechanism that could bring programming experience together, highlight and recommend replication of successes, identify and bring attention to programming gaps, and forge greater collaboration on nutrition and food security issues. Ultimately, for the strategy to be influential and effective, the government has to buy into and adopt it. This requires active participation and genuine interest on the part of the government. As a first step, the NGO/donor community could develop its own strategies for addressing food insecurity and nutrition. Following this, government representatives and technical staff can be drawn into the discussion and eventually into drafting and adopting a national strategy of their own.

Food security and nutrition objectives and strategies consistent with those developed through this consultative process can be factored into the USAID/Tajikistan Country Strategic Plan. The forthcoming USAID-funded agricultural sector assessment for Tajikistan can provide important input to the process of defining agriculture-related food security priorities.

Another important mechanism for sharing information and providing critically needed analysis of the food security and nutrition situation in Tajikistan is a food security monitoring and reporting bulletin. Oxfam, with increasingly collaboration from FAO, WFP and several other PVOs, has initiated a pilot food security bulletin for Khatlon Region. Although the bulletin needs greater geographic coverage and more data and analysis, the initiative is excellent and should be supported by Oxfam's development partners – donors, international organizations and other PVOs/NGOs. The government will likely take greater interest in the bulletin as it matures and more agencies rely on its content.

VIII. Key Conclusions and Recommendations

Key Conclusions

- Tajikistan is in the early stages of economic and political transition. Tajikistan is clearly moving away from a situation that requires a relief response to one that can slowly build self-reliance through a combination of humanitarian assistance and development programs. The population is teetering on the edge, however, and can easily slide into a situation of extreme food insecurity. The humanitarian situation in Tajikistan can best be described as precarious and complex in a challenging regional context.
- Acute malnutrition is related to season in Tajikistan and associated with a seasonal peak in cases of diarrhea related to deterioration in the quality of water consumed. Recent national nutrition surveys demonstrate that the cause of malnutrition is **not the absence of food**. Rather the causal factors are health compromising behaviors, poor infant and child care and feeding practices and poor quality diets. These factors can be, in part, linked to poverty. In

order to address the causes of malnutrition, an integrated developmental relief response is required.

- Micronutrient deficiency is not well documented. It is reasonable to speculate that as a result of poor quality diets, micronutrient deficiency is widespread and has an impact on the growth and development of children and the well-being of adults. Interventions aimed at addressing specific deficiencies such as the providing of iron tablets have been found to have limited impact in Tajikistan. These interventions must be combined with effective simple messages aimed at promoting behavior change and improving the quality of the diet particularly for small children and women.
- Iodine deficiency disorders (IDD) continues to be a public health concern despite interventions aimed at addressing this coordinated by UNICEF. Further attention must be given to this to ensure that national level policies such as the iodization of salt have an impact at the household level.
- Food aid and the types of programs supported with food aid resources are still needed in Tajikistan. There is considerable opportunity to program food aid in the form of direct distribution in Tajikistan. It can be used as supplementary food for acutely malnourished children; school feeding as an incentive for participation in MCHN programs; in-kind wages for rehabilitation of common assets such as irrigation systems; and, as incremental income for food deficit, cash constrained households.
- Food aid, especially wheat flour, can continue to be used as a tool to expand food deficit/cash constrained households' resources or annual budget, allowing them to use cash generated from crop sales to buy better seed, inputs, livestock and fodder, cloth and other basic necessities. Food aid used this way can assist households in slowly building their annual budgets by investing their earnings in agricultural production or a micro-enterprise, instead of turning all of their income into wheat. They can also use the cash to diversify their diets.
- Integrated programming has proven to be highly effective in Tajikistan. Integrated programs involving communities and community organizations have been shown to be successful and should be encouraged.
- For the most part food aid in Tajikistan does not have a direct impact on nutritional status. Rather, food aid is used as an incentive to participate in programs and/or as an economic transfer. Food aid alone will not address the high rates of malnutrition in those most affected (children under 2.5 years). However food aid plays an important role in programs that seek to address the causes of malnutrition.
- Cash resources are critical for effective programming to address the causes of malnutrition and food insecurity. For example, selective feeding programs using WFP food commodities have been successfully integrated with the provision of essential basic health services and delivery of simple health hygiene and nutrition messages. This successful integration would not be possible without cash resources. Cash resources are needed to support recovery, especially in irrigation where use of heavy machinery is required, and income generating

activities such as provision of microfinance. Cash resources can also support programs that provide some assistance to farmers in this difficult environment by helping farmers to clarify and secure their rights as well as by supporting constructive dialogue and the forging of workable solutions between poor rural Tajiks and the local authorities (Hukomats and Kolkhoz managers).

- The food aid commodities used in Tajikistan for the most part are appropriate. Recommendations from the National Nutrition Survey of 2001 to improve the ration to vulnerable groups by providing adequate amounts of pulses and oil to meet international minimum standards have been implemented..

Recommendations

1. Food aid programming should be continued in Tajikistan. There is considerable scope to program food aid in the form of direct distribution.
2. To address the root causes of malnutrition in Tajikistan, food aid resources should support integrated developmental relief programming. This includes supporting and expanding the types of integrated programs that are currently being implemented with aid resources.
3. Areas for which there should be a continued focus include: modified vulnerable group feeding; selective feeding of acutely malnourished children under five; food rations for pregnant and lactating anemic women to promote prenatal care visits and behavior change; school feeding; institutional feeding for socially vulnerable groups; TB DOTS; interventions that address drinking water, sanitation and hygiene practices; interventions that address micronutrient deficiencies; interventions that focus on behavioral change and address chronic malnutrition; agricultural rehabilitation such as irrigation and drainage rehabilitation, strengthening the local seed system and input supplies, providing information and advice on land tenure rights; and micro-enterprise development for restoring livelihoods and income generation.
4. In order to implement activities that address Tajikistan's current food security and nutrition problems, a significant amount of technical assistance such as training, capacity-building and the promotion of behavior change will be required. Thus significant cash resources will be required as well.
5. Food aid commodities for specific groups such as malnourished children and TB DOTS patients should be nutritionally appropriate, e.g., meals should include a fortified blended food. In other instances such as school feeding food aid commodities should be complemented by local contributions from communities to ensure nutritional quality.
6. Collaboration and coordination should be strengthened. National nutrition surveys have led to successful collaboration of agencies involved in nutrition and food programming. Many of the recommendations of the surveys have been discussed in regular NGO/donor forums and followed up. The food aid community should use these opportunities to analyze the underlying causes of food insecurity and malnutrition, identify interventions that are

successful and warrant scaling up and work toward developing shared integrated strategies. The nutrition surveys and information exchanges have provided vital information for programming and planning. Government functionaries should be drawn into the discussions and debates to begin the process of building policy from the ground up.

7. Donor support for a nutrition strategy is needed. It is critical that a national nutrition policy embody the health and food security sectors and be incorporated into various ministry strategies for effective multi-sectoral coordination. UNICEF is the designated lead agency on nutrition, but currently has no nutritionist. Donors may consider the secondment of nutritionist to UNICEF from one of the lead technical NGOs in Tajikistan.
8. The development of a food security and nutrition strategy for Tajikistan could be an important mechanism for bringing programming experience together, highlight and recommend replication of successes, identify and bring attention to programming gaps, and forge greater collaboration on nutrition and food security issues. Regular food security monitoring, analysis and reporting would facilitate this process. As a first step, the NGO/donor community can develop their own strategies for addressing food insecurity and nutrition. Following this, government representatives and technical staff can be drawn into discussions on food security and nutrition issues and eventually into drafting and adopting a national strategy of their own. In this way, the process would work from the ground up.

ANNEX 1: ADVANTAGES AND CHALLENGES OF DIFFERENT FOOD AID OPTIONS

World Food Program/Tajikistan’s Protracted Relief and Recovery Operations (PRRO)

There are several special programs included in WFP/Tajikistan’s PRRO that should be continued and have been successfully supported and implemented through USAID’s Title II biennial pledge mechanism. These include vulnerable group feeding, selective feeding, food for education (FFE), institutional feeding for socially vulnerable groups and food commodities for those enrolled in the TB DOTS program.

There has been some suggestion of expanding the PRRO in the coming year to encompass many of the other current food aid activities such as FFW on irrigation rehabilitation implemented by other food aid partners.

There are, however, several challenges associated with the WFP PRRO option. A number of the activities are best supported by food aid mechanisms that can adequately combine direct distribution with cash-based technical assistance, such as promotion of behavior change, enhancement of agricultural productivity and micro-enterprise development. PVOs/NGOs operating under the WFP PRRO noted some difficulty in funding cash-based portions of their programs. Both USDA Food For Progress and USAID Title II Development Assistance Programs (DAPs) are better able to generate these additional cash resources through monetization or complementary funding mechanisms such as 202(e). An additional challenge of programming through the PRRO is identifying and targeting vulnerable households with appropriate and somewhat diverse interventions that address local food security needs. While WFP has strong assessment capabilities, the PVO’s/NGOs have familiarity with populations in their areas of operations and have built a cadre of field staff with the technical expertise needed to design and administer appropriate food security interventions. A more decentralized and highly interactive management structure that is made possible through independent but collaborative PVO operations is better suited to the continuously evolving socio-economic environment of Tajikistan.

Food for Peace Title II Development Assistance Program (DAP)

There are two possible approaches under the Food for Peace Development Assistance Program (DAPs):

1. The standard five-year developmental DAP
2. The new, less clearly defined two- to three-year Developmental Relief Program.

The life of activity options under these programs are longer than those under either USAID emergency programs, USDA 416(b), or most USDA Food for Progress programs. The longer timeframe is more conducive to designing food-security and food aid programs with more sustainable outcomes, which normally require and emphasize some form of beneficiary capacity-building, behavioral change and the development of greater household self reliance. As this

review notes, this is the most appropriate type of food security programming in the Tajikistan context. Since DAPs are USAID programs, this should theoretically facilitate program integration into Country Strategic Plans and other agency strategies. The fact that programs supported by Title II development food aid resources must have a food security objective guarantees to some extent that the mission's portfolio will address food security concerns.

While Tajikistan lies outside the Food Aid and Food Security Policy Papers priority geographic regions of South Asia and Africa, Tajikistan meets the low-income, food-deficit country criteria. There is clearly significant and wide-ranging food insecurity as well as opportunities to program using direct distribution for both food access and food utilization objectives. Food aid programming in Tajikistan could satisfy recent pressures from the US government to program more direct distribution as well as make a contribution to the global mandate of programming higher value commodities.

USDA Food for Progress

USDA Food for Progress resources are generally available for one year proposals. Multi-year proposals (for two to three years) are considered, although commodity allocations are processed on an annual basis and as such are subject to changes in US commodity markets. As Tajikistan continues to transition from emergency to development, capacity-building will become a more prominent and important component of most programs, regardless of the sector. Thus, the need for longer-term programming will increase. Indeed, given USDA's reinforced emphasis on agricultural and economic development goals, the current food-aid supported programs in Tajikistan would be better served through renewed multi-year programs (at least two-three years in duration). Achieving improved food security in Tajikistan hinges on the successful promotion of rural livelihoods and it should therefore be possible to design programs that meet development as well as food availability and food access objectives. USDA resources are less appropriate for addressing food utilization. The most recent guidance issued by USDA notes an aversion to direct distribution and a preference for 100 percent monetization. Inadequate food utilization is an important underlying factor contributing to food insecurity in Tajikistan and direct distribution plays an important role in MCHN programming in this context.

A possible drawback of the Food for Progress food aid resources is that they are administered by USDA, not USAID. As a result, they can sometimes be more difficult integrate into Mission Country Strategic Plans or other USAID strategies. This has not been the case with Tajikistan. The successful integration of resources is mostly attributable to excellent collaboration and constant interactive strategizing of staff from USAID, USDA, the State Department and the implementing partners.

USDA 416(b)

The only commodity now available through 416(b) is non-fat dried milk (NFDM). There are limited opportunities for monetizing or programming NFDM in Tajikistan and neighboring countries. Monetized NFDM has been used to produce Tetra Pak cartons of flavored milk in Kazakhstan, which have been used in Tajikistan by AKF in school feeding programs. While this is an innovative use of NFDM, the nutritional merits are somewhat questionable. Options for

monetization of NFDM will require further investigation.

Direct distribution and monetization of NFDM must be in accordance with the International Code of Marketing of Breastmilk Substitutes and World Health Assembly resolutions pertinent to the sale or distribution of breastmilk substitutes. USAID policy guidelines on the use of NFDM clearly note the uses of NFDM in feeding programs and for monetization.

In Tajikistan, NFDM is currently used in some school feeding programs and is premixed on site. This is a good use of the product and should be continued. However, NFDM commodities are not labeled with use by date and it is not clear if the product is fortified. This makes appropriate programming and correct handling of the product difficult for program managers in the field.

ANNEX 2: AGRICULTURAL AND LAND USE TERMS

Arenda lands: Fixed-term leased lands.

Dehkan or private lands: Land from a special land district fund. Possession of these lands can be arranged for individuals or groups (usually members of a *Kolkhoz* work brigade). When possession is taken by a group, the land is nearly always divided among the group and managed individually. However, brigade-based dekhans, where the group manages the land in common is being promoted via quotas. Officially, *dehkan* farms are the preferred form of land holding. Registering the land is complicated and information is not readily available. The final step in registration occurs in Dushanbe. To register land it can cost from \$200-300 (not including handling changes, informal fees and personal expenses), which is the equivalent of more than half of the average total annual household income in rural areas. A further difficulty is acquiring such land is that the debt of old *Kolkhoz* farms is transferred to the landholder.

Garden plot or home gardens: Private use lands immediately surrounding the house and are used to grow vegetables, fruits and to a lesser extent grains. Plots range from about two-five *sotiqs* in large villages to 15-25 *sotiqs* in marginal areas.

Hukomat: District administrative office.

Jamoat: Administrative office below *Hukomat*, and normally representing two or three collectives and associated villages.

Kolkhoz: A collective farm normally comprised of several villages and the adjacent land. Land, production and assets are owned by the collective, and are to be distributed among members once costs are deducted.

Presidential lands: 75,000 hectares of underutilized lands owned by the collective and state farms that by presidential decree were to be transferred temporarily to households for basic extension of their home gardens in an effort to alleviate poverty. Plots range in size from 8-10 *sotiqs* (8/100th to 10/100th of a hectare) and are generally located near the villages. Some plots that are more remote are larger, but these are normally sloping and of poorer quality.

Sotiqs: Local land unit equal to 1/100 hectare.

Sovkhoz: State farms, currently transformed into collective or *Kolkhoz* farms. The government owns the land, production and assets. The *Sovkhoz* is usually comprised of several villages, and village laborers receive a salary and often an additional in-kind payment.

ANNEX 3: US GOVERNMENT FOOD AID RESOURCE ALLOCATIONS FOR TAJIKISTAN

Between 1998 and 2002, the U.S. Government provided Tajikistan with 306,840 metric tons of food aid commodities valued at \$136,800,000. The food aid resources were provided through a variety of programs administered by USDA and USAID/Food for Peace.

In FY 2002, CARE, Save the Children/US (SCF/US) and Aga Khan Foundation (AKF) received USDA Food for Progress grants totaling 32,640 metric tons valued at \$21,300,000. The commodities included wheat flour, vegetable oil, nonfat dry milk and dehydrated potato flakes. Some of the commodities were monetized to generate funds to support the complementary inputs and operating costs of the programs. In other cases, PVOs swapped commodities for project inputs such as construction materials. USDA also provided the World Food Program (WFP) 29,180 metric tons of Section 416(b) corn-soy blend and wheat flour valued at \$19,882,500 to support the Emergency Operation (EMOP) drought response, as well as 11,000 metric tons of various commodities valued at \$5,299,800 to support the Protracted Relief and Recovery Operation (PRRO).

USAID's Food for Peace Title II Emergency Program provided WFP 35,000 metric tons of wheat flour valued at \$ 19,882,000 for the EMOP drought response and 11,000 metric tons of wheat flour valued at \$6,344,800 for their PRRO. WFP directly implemented and also supplied PVO and local NGO partners who implemented a variety of food aid activities as well as implementing activities itself. The types of activities included vulnerable group feeding, school feeding, food for work, nutrition and health programs, food for agriculture, income generation and training, seed multiplication, water and sanitation, and institutional feeding. Other major donors to WFP's Tajikistan program have included the European Union (both DG DEV and ECHO), Japan, Germany, United Kingdom, Sweden and Ireland. A complete list of WFP donor contributions by year is located on their website.

In FY 2002, the USAID/Central Asia Region (CAR) Office invested \$44.49 million of development funding for the following program sectors in Tajikistan: enterprise and trade, democratic culture and institutions, primary health care, education and youth, energy and water management, conflict mitigation, humanitarian assistance and food security. Maternal and Child Health Care activities are implemented by CARE and AKF, using both development funding and food aid to address health and nutrition issues. As part of the Community Action Investment Program (CAIP), the CAR Office committed nine million dollars to link with food for work commodities to support infrastructure rehabilitation.

In response to the drought, USAID's Office of Foreign Disaster Assistance (OFDA) also provided \$800,000 to nine PVOs for seeds and other agricultural and infrastructure inputs to support community drought response and recovery efforts.



ANNEX 4: TAJIKISTAN PORTFOLIO OVERVIEW

United States Agency for International Development Central Asia Region

ENTERPRISE & TRADE	Implementing Partners
SME Support & Business Education:	
Small and Medium Enterprise Development (EDP)	Pragma
Economic and Business Education (EdNet)	Carana
MBA graduate volunteers assisting Pragma/EDP & TIP	CDC/MBA-EC
KIMEP Scholarship Program	KIMEP
Agriculture Consulting Centers (agribusiness consulting services)	MASHAV
Equity, Loan and Lease Financing for SMEs	SEAF
Economic programs to High-School Students	Junior Achievement
Commercial Law & Trade:	
Trade and Investment Project (TIP) – WTO, Customs, Reduction of Investment Constraints	Pragma
Commercial Law Project	ARD/CHECCHI
Small & Medium Agribusiness Support & Microfinance:	
Farmer-to-Farmer Project	Winrock International
Ferghana Valley Regional Micro-lending Project	ACDI/VOCA
Central Asia Microfinance Alliance	ACDI/VOCA - Finca
Legal and Regulatory Reform – Microfinance Law Drafting	International Finance Corporation
Bank Supervision System	TBD
Fiscal and Macroeconomic Analysis	TBD
DEMOCRATIC CULTURE & INSTITUTIONS	Implementing Partners
Civic Organizations:	
Judicial Training, support to legal education and bar associations	ABA/CEELI
Civil Society Development (Civil Society Support Centers Network)	Counterpart
Grants to environmental NGOs	ISAR
Step-by-Step Program in Primary Schools	OSI
Media & Information:	
Support of Independent Media	Internews
Civic Education (textbooks for 9 th grades, extracurricular activities)	IFES
TV News Production Studio	Asia Plus
Political Process:	
NGO Legislation Development	ICNL
Political Party Development	IFES
Local Government Program	TBD
PRIMARY HEALTH CARE	Implementing Partners
Quality Primary Health Care:	
Quality Primary Health Care Reform	Abt Associates
Primary Health Care and Nutrition	Action Against Hunger
Maternal and Child Health Care	CARE and Aga Khan

	Foundation
Maternal and Child Health and Reproductive Health Services	Project HOPE Consortium
Demographic Health Survey	Macro International
Infectious Disease Control:	
Infectious Diseases	Center for Disease Control
Roll Back Malaria Project	MERLIN
TB DOTS Project	Project HOPE
Rational Pharmaceutical Management Plus Project	RPM
Social Marketing and Behavior Change/HIV/AIDS	Population Services International
Harm Reduction/HIV/AIDS	Soros Foundation
Drug Prevention	Soros Foundation Consortium
Surveillance of HIV, HCV and Associated Risk Behaviors in Tajikistan	John Hopkins
Health Partnerships:	
Skill-based family medicine training	AIHA
EDUCATION AND YOUTH	Implementing Partners
Education and Youth:	
Basic Education Sector Strengthening	TBD
ENERGY & WATER MANAGEMENT	Implementing Partners
Water Management:	
Natural Resources Management Project	PA Consulting
Irrigation Rehabilitation:	
Irrigation Rehabilitation	PA Consulting
SUPPORTING ACTIVITIES	Implementing Partners
The Conflict Mitigation Initiative	
Community Action Investment Program (CAIP) and Peaceful Communities Initiative	AKF, MCI, UNDP
Humanitarian Assistance and Food Security Projects:	
Stability and Food Security	UNDP/UNOPS
Food Security Project (Agribusiness)	ACTED
Women's Economic Opportunity Project	CARE International
Food and Economic Security Project	CARE International
Agricultural Income Generation Project	Save the Children
Eurasia Foundation	
Small grants in support of innovative private initiatives and local NGOs	Eurasia Foundation
Participant Training & Exchanges:	
The training program includes workshops, on-the-job training, observation, study tours and conferences and generates new ideas from participants on improving practices in their own countries.	Academy for Educational Development

ANNEX 5: GEOGRAPHIC DISTRIBUTION OF POPULATION AND POOR HOUSEHOLDS IN TAJIKISTAN

Region	Percent of Population (%)	Percent of Poor Households (%)
Gorno-Badkashan	3.5	7.0
Khatlon	35.0	46.0
RRS	31.0	21.0
Sughd	30.5	26.0
Total	100.0	100.0

Source: Special Report of FAO/WFP Crop and Food Supply Assessment Mission in Tajikistan, August 2002 and “Support to Small Farmers Associations in Tajikistan: Khatlon and Sughd (former Leninabad) Regions.” Dushanbe, ACTED February 2002.

ANNEX 6: TAJIKISTAN FOOD ASSISTANCE REVIEW SCOPE OF WORK

Background

For several years, USDA has been supporting a variety of programs in Tajikistan with 416(b) and Food for Progress resources. With the phase-out of 416(b), PVOs and the USAID Central Asia Mission in Almaty contacted with FFP concerning possible follow-on programs with FFP resources. Repeated annual surveys over the past three years have shown an upward trend in both chronic and acute malnutrition. A nutrition assessment conducted in October/November, 2001 indicated a significant rise in acute malnutrition.

The regional Mission seeks to refocus their programming to include conflict prevention, and the Europe and Eurasia Bureau has stated an interest in possible uses of food aid as a conflict prevention/mitigation tool in Tajikistan. The Bureau also sees potential for linkage between Title II food aid and further work in the agricultural sector reform.

Proposed Review Outcomes

FFP proposes to:

1. Assess the implications of the close-out of USDA's food programs on those areas and groups considered to be the most food insecure and nutritionally vulnerable in Tajikistan.
2. Make recommendations about whether or not Title II resources would be an appropriate component in addressing the prevailing food security issues.

Specifically, the objectives of this review would be:

- Determine the underlying factors leading to high rates of chronic and acute malnutrition.
- Identify key factors that support and constrain food availability and food access.
- Determine priority geographic areas and target populations.
- Determine appropriate interventions to address the situation.
- Determine whether current food aid programs address the situation.
- Determine the need for food aid.
- Develop with FFP and the CAR Mission appropriate next steps or options to address the malnutrition and food insecurity issues in Tajikistan.

Among the questions and issues to be addressed are:

- Do the 2001 national nutrition survey results reflect the current situation?
- What are the most vulnerable geographic areas and who are the most vulnerable groups in the population?
- Do current programs address priority geographic areas and target groups?
- Are current programs addressing the current (crisis) situation?
- What program government strategies related to food security are currently in place and what are the constraints?

- What are the key constraints in implementing food security and food aid programs?
- In what ways is civil society functioning or not functioning to support food aid programs?
- What is the impact of the breakdown of the health and FSU agricultural systems?
- How are cultural care practices impacting on nutritional status?

Methodology

The Team will consult with a wide range of interested parties, to include USAID/Washington's Europe and Eurasia Bureau and the Food for Peace Office, USDA, the Central Asia Regional (CAR) Mission, the Government of Tajikistan, appropriate UN agencies (including WFP), and PVOs/NGOs dealing with food aid, food security and nutrition issues. FFP and the CAR Mission will provide documentation on current USDA food aid programs and Mission activities, as well as basic background information as available in Washington. In Washington, the team will consult with PVO Headquarter staff and representatives from other development organizations currently working in Tajikistan in order to build a picture of ongoing activities and key food security issues. The Team will attempt to gather additional, more current nutritional, food security and food aid information from the UN, PVOs and donor organizations active in the field.

The identified team leader will consult with the mission and work with identified PVO/s/NGOs on the ground to identify site visits. A coordinator designated by the mission and PVOs/NGOs based in Almaty will determine a schedule and agenda and be responsible for in-country logistics.

FFP and the CAR Mission staff will collaborate with FANTA to organize all necessary travel, visa, interview and logistical arrangements, giving special attention to assure appropriate security arrangements are in place for travel within Tajikistan.

Outputs/Deliverables

The team will provide the following outputs:

A concise report containing the following:

- An overall analysis of the current situation.
- Identification of the direct and underlying causes of the high rates of malnutrition.
- Identification of key issues related to food availability and food access.
- Recommendations for broad types of interventions.
- Identification of successful existing programs that can be considered for scaling up and replication if additional food aid resources are warranted.
- Recommendations on how ongoing programs can be improved if support is continued.
- Recommendations of additional appropriate uses of food aid.
- Next steps in addressing the food security and nutrition and public health crisis.
- Next steps for moving towards developing a food security strategy for the Mission.

Review Team

The review team will be comprised of three or four key people, each with one or more of the following characteristics:

- Food security/ag economist expert with development food aid experience and knowledge of transitional situations
- Nutrition and Health expert with familiarity in emergency and development situation
- E&E Bureau representative familiar with food aid programs
- FFP representative

All team members should be familiar with USAID structures and current FFP policies and procedures concerning the programming of Title II resources.

* USDA and STATE/Office of Humanitarian Programs have both stated an interest in consulting with USAID on this activity, however neither is able to join as full team members.

Timeframe

The review will be 30 days in total:

-Four days in Washington DC for preparation time. This will include review and analysis of available documents, consultation with donors, PVOs/NGOs operational in the region and briefings with FFP Emergency Programs and Development Program units, the Europe and Eurasia Bureau and the State Department.

-Twenty days for travel, in-country assessment and mission debriefing. Five days for write up of report.

ANNEX 7: KEY CONTACTS

Name	Organization	Title/Position
Abel, Genny	CARE/Tajikistan	Country Director
Adams, Jennifer	USAID/Tajikistan	Health Officer
Ahadi, Laila	WFP, Kurgan Tube	Program Officer
Akhunova, Matlyuba	CARE/Tajikistan	Team Leader
Alayon, Silvia	Global Food and Nutrition, Inc	Associate
Alexander, Tim	USAID/E&E	Program Office
Alimardanova, Tursin	WFP, Kurgan Tube	Program Assistant
Alizadeh, Shovcat	Oxfam/Tajikistan	Interim Program Manager
Amrullo, Mirzoev	WFP	Program Assistant (VGF)
Anderson, D Craig	USAID/Almaty	Director, Office of Energy and Water
Blanc, Florentin	ACTED/Tajikistan	Program Support Coordinator
Boboeva, Sailgud	SCF/Tajikistan	Health Project Officer, Panjikent
Bobijon, Yatimov	WFP	Program Officer
Burgess, Peter	ECHO/Tajikistan	ECHO Correspondent
Burniske, Gary	Mercy Crops/Tajikistan	Country director
Cederstrom, Thoric	Counterpart	Ag and Nat Res Officer
Chandhary, Balbir	CARE/Tajikistan	Program Officer
Chang, Claudia M	CARE	Program Officer/Central Asia
Chanblis, Mary	USDA/FAS	Deputy Administer for Export Credits
Cohn, Rebecca	USAID/Asia	Eastern Europe
Courtiol, Severine	AAH/Tajikistan	Head of Mission
Creti, Pantaleo	Oxfam/Tajikistan	Food and Livelihood Coordinator
Dcheldieva, Gulcheckhza	Yaka Chuguz, Varzob District	Head nurse, rural health clinic
Dodojon, Aslouov	WFP	FFW Monitor
Dorina, Marianna	CARE/Tajikistan	Project Assistant for Varzob Reproductive Health Program
Elchibek, Arlmadberov	Jilikul District, Khatlon	Deputy Chairman
Fayzov, Yodgor	Aga Khan Foundation/Tajikistan	General Manager
Fouseka, Leo	UNICEF/Tajikistan	Assistant Representative
Fritz, Michael	USAID/Almaty	Deputy Director
Gatzinski, Valentin	UNOCHA/Tajikistan	Head of Office
Goibov, Samad	CARE/Tajikistan	Project Manager for School Partnership in Education Program
Gold, Rick	USAID/Eurasia	Regional Development Office
Gulsoro, Vohsdova	Tagob Village, Varzob District	Village Representative
Halane, Hussein	SCF	Senior Commodity Advisor
Hasham, Altaaf	Focus Humanitarian Assistance/Tajikistan	Chief of Mission
Harinarayan, Anuradha	SCF	Food Security Specialist
Harvey, Mike	USAID/Amayti	Tajikistan regional
Hayat, Yousaf	SCF/Tajikistan	Program Manager
Ibodovich, Nasredin	Varzob District	Head of Hukumat
Jamaluddin, AKM	SCF/Dushanbe	Field Office Director
Jayawickrama, Sherine	CARE	Deputy Regional Director
Jalolodin, Kumolov	Panjikent District	Chief of Education
Khair, N	WFP/Tajikistan	Country Officer
Khulor, Mohammed	Gharibah Village, Panjikent District	Head of Jammah
Kurbanob, Sabir	UNICEF/Tajikistan	Health Officer
Laios, Robert W	Riverside Technology Inc/Tajikistan	Senior Institutional Development Specialist
McHarris, John	WFP	WFP Regional Programme Advisor (VAM)
Makhmadshoev, Farukh	WFP/Dushanbe	Program Assistant/VAM
Maksumova, Zumarad	Project Hope/Tajikistan	TB Project
Matluba, Marianna	CARE	Project Officer TVGAP, Women's Anemia Project

Name	Organization	Title/Position
Markunas, Jeanne	BHR/FFP	Program Manager
Mazerbuy, Merzoit	Myhaita Village, Panjikent District	Chief Doctor/rural hospital
McNulty, Judiann	Aga Khan Foundation	Nutritionist
McCaston, Kathy	CARE	Food and Household Livelihood Studies Coordinator
McDonald, Wayne	USAID/Almaty	Program Officer
Meghdessian, Ardag	WFP/Tajikistan	Representative/Country Director
Millon, Laetitia	ACTED, Khatlon	Agronomist
Mominova, Jamila	Mykauta Village/Panjikent District	Chair of Village Development Committee
Narioblinov, Farrukh	CARE/Tajikistan	Project Manager for Food Programs
Nurullo-Khoja, Nargis	Oxfam/Tajikistan	Program Officer
Oberndorfer, Gerald	Department of State/Eurasia	Country Officer
Olson, Randall	Counterpart/Tajikistan	Field contact
Omer, Ismail	WFP/Tajikistan	Deputy Country Director
Otambekova, Maisara	Mercy Corps/Tajikistan	Senior Health Manager
Otto, Halka	FAO/Tajikistan	FAO Coordinator
Patel, Nitesh	AAH/Tajikistan	Health and Nutrition Program Manager
Pervis, Mary Dean	Mercy Corps/Tajikistan	Director
Rakhmanova, Mavjuda	Refugee Children and Vulnerable Citizens	Director
Reade, Alan	AAH/Tajikistan	Water Program Manager
Rozigava, Fatima	SCF/Tajikistan	Direct of Kindergarten #11, Panjikent
Rubinova, Firuza	CARE, Ghurbog Jammot, Varzob District	Women's Economic Opportunity Project
Rustanmov, Dr	Machiton District	Head of TB Hospital
Saha, BB	CARE	Program Officer
Sararov, Sobujon	SCF/Tajikistan	Commodity Project Officer
Schlossman, Nina	Global Food and Nutrition, Inc	President and Food Aid/Security Consultant
Sester, Janice	AAH/Tajikistan	Food Security Program Manager
Sharifpov, Sharif	CARE, Varzob District	Food and Economic Security Officer
Sharopov, Salim	SCF/Tajikistan	Agronomist/Panjikent
Shulgina, Marina	Project Hope/Tajikistan	Manager TB DOTS Project
Simon, Alexander	USDA/FAS/Almaty	Agricultural Specialist
Tomaro, John	AKF/Geneva	Program Coordinator
Vaisova, Mavsuda	CARE/Tajikistan	Project Manager for Women's Economic Opportunity Program
Wissanji, Nabila	MSDSP/AKF/ Tajikistan	Program Officer
Weller, Dennis	USAID/SD/ANRE	Food for Peace Officer
Yegay, Nadya	USAID/Almaty	Development Program Specialist

ANNEX 8: AREAS VISITED IN TAJIKISTAN BY REGION AND DISTRICT

KHATLON REGION	REGION OF REPUBLICAN SUBORDINATION	SUGHD REGION
Organizations: WFP, ACTED, AAH	Organizations: WFP, CARE, Project Hope	Organizations: Save Children US
Kurgan Tube	Dushanbe City	Penjekent
Kulob	Somani	
Pyanj	Varzob	
Bohtar	Yavon	
Shaartuz	Machiton (TB Hospital)	
Kabodiyon		
Vahsh		

Note: The review team visited programs of the organizations listed.

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