Tajikistan

Joined: September 2013
Demographic data

National Population (million, 2010) 7.63
Children under 5 (million, 2010) 1.0
Adolescent Girls (15-19) (million, 2010) 0.43
Average Number of Births (million, 2010) 0.22
Population growth rate (2010) 2.28%

WHA nutrition target indicators (DHS 2012)

Low birth weight 7.2%
0-5 months Exclusive Breastfeeding 34.3%
Under five stunting 26.8%
Under five wasting 9.9%
Under five overweight 6.6%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet 19.6%
6-23 months with Minimum Diet Diversity 40.0%

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea -
Pregnant Women Attending 4 or more Antenatal Care Visits 52.5%

Vitamin A supplementation (6-59 months) 97.0%
Households Consuming Adequately Iodized Salt 38.8%

Women’s Empowerment

Female literacy -
Female employment rate -
Median age at first marriage 20.3
Access to skilled birth attendant 87.4%
Women who have first birth before age 18 7.4%
Fertility rate 3.8

Other Nutrition-relevant indicators

Rate of urbanization 27.00%
Income share held by lowest 20% 8.30%
Calories per capita per day (kcal/capita/day) 2,055.9
Energy from non-staples in supply 24.66%
Iron availability from animal products (mg/capita/day) 0.9
Access to Improved Sanitation Facilities 94.2%
Open defection 0.2%
Access to Improved Drinking Water Sources 76.2%
Access to Piped Water on Premises 35.7%
Surface Water as Drinking Water Source 15.3%
GDP per capita (current USD, 2013) 1,037.00
Exports-Agr Products per capita (current USD, 2012) -
Imports-Agr Products per capita (current USD, 2012) -
Most nutrition interventions are supported by external partners. The absence of a costed comprehensive plan leaves the government with little knowledge about the cost of each intervention or donor contributions. In financial terms the introduction of separate budgeting lines for each programme area (such as nutrition) is planned as part of the President Office’s initiatives. This, along with the development of the costed common work plan or results framework for nutrition will make financial tracking for nutrition easier.

A number of laws are in place to support scaling up nutrition in Tajikistan. These include laws on breastfeeding, salt iodisation, health care, reproductive health and rights, safety of food products, as well as the code of marketing of breast milk substitutes. The government is currently working on finalising the draft Nutrition and Physical Activity Strategy, the first nutrition specific strategy in the country. Other notable strategies with strong nutrition components or areas relevant to nutrition include: Food Security Strategy (under development); Living Standards Improvement Strategy 2013-2015; National Development Strategy (until 2015); National Health Sector Strategy 2010-2020; National Child and Adolescent Health Strategy 2010-2015; National Reproductive Health Strategy 2004-2014; and School Feeding Strategy (under development).

The Maternal and Child Health Department of MoHSP convenes a Multi-Sectoral Coordination Council (MSCC), to work at the policy level for nutrition. The MSCC is typically represented by Deputy Ministers. A technical working group supports the MSCC and includes ministries of education; economy, trade and development, agriculture, finance, industry and new technology, representatives of the President’s Office, development partners and civil society. The First Deputy Minister of the MoHSP chairs the Council and reports to the Ministry of Economy, Trade, and Development on issues of food and food security, which itself reports to the Khukumat (Government). A terms of reference for the MSCC and its technical group have not been developed yet. There might be also a possibility to merge with other existing structures. The Institute of Nutrition and Centre of Nutrition are part of the MSCC and are two examples of academic institutions contributing to capacity and knowledge building in the areas relevant to nutrition. CSO’s are active in nutrition particularly through community outreach activities and their potential involvement in the MSCC is planned in the future.

The appointed Donor Conveners, USAID and UNICEF, use the Development Coordination Council (DCC)’s working groups on food security and nutrition cluster to periodically brief its members on the progress of scaling up nutrition in the country. Tajikistan has started to organise a study tour in Nepal to learn about the leadership on nutrition which will contribute to Tajikistan advancing its own capacity for scaling up nutrition.

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2014 Baseline on Four SUN Processes
Tajikistan

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 33%
- Ensuring a coherent policy and legal framework: 28%
- Aligning actions around a Common Results Framework: 27%
- Financial Tracking and resource mobilization: 19%

1Externally assessed by the SUN Movement Secretariat