

Tajikistan: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Tajikistan, where 6 percent of children age 6-59 months are acutely malnourished or wasted (have low weight-for-height) and 18 percent of children under five are stunted (have low height-for-age) (Statistical Agency under the President of the Republic of Tajikistan, MOHSP, and ICF 2018).

Background

Tajikistan is a post-conflict country that has seen a vast reduction in poverty levels in the past 20 years. Since 2012, the poorest regions of the country have made the most progress in poverty reduction (World Bank 2020a). Between 2000 and early 2009, poverty fell from more than 83 percent to about 47 percent, and it fell further from 37 percent to 26 percent between 2012 and 2019. About 47 percent of the population lives on less than U.S.\$1.33 a day (WFP 2020).

In 2020, the economy of Tajikistan recorded a 4.5 percent annual growth rate, reported the Statistical Agency of Tajikistan. This is a significant slowdown compared to the over 7 percent growth rate registered in recent years. Still, such growth is remarkable considering the enormous stress from the COVID pandemic. The pandemic slowed down the economy of Tajikistan through such channels as disruption of flow of foreign trade, lower growth in main trade partners, surge of prices, and a decrease of remittances and real income of the population. Inflation rose to 9.4 in 2020 percent compared to 3.9 percent in 2018 and 7.8 percent in 2019, driven by the depreciation of the local currency and a drastic decrease in remittances due to COVID-19. Today, Tajikistan has one of the lowest per capita gross domestic product (GDP) (\$870 in 2019) among the 15 former Soviet republics. The agricultural sector in Tajikistan accounts for 19 percent of GDP (Trading Economics 2021) and 45 percent of employment (The Global Economy 2021). However, the sector remains challenged by the country's lack of arable land (only 7 percent of total land), predominantly mountainous terrain, harsh winters, and frequent droughts (CIA 2021). While agriculture is the largest sector of Tajikistan's economy, continued reliance on a few major crops like cotton, consistently poor crop yields, and the absence of a vibrant agribusiness sub-sector restricts agriculture sector growth as a whole (USAID 2021). Tajikistan imports approximately 70 percent of its food. Because of a lack of employment opportunities in Tajikistan, more than one million Tajik citizens work abroad—roughly 90 percent of them in Russia— supporting families back home through remittances that in 2019, were equivalent to nearly 28.6 percent of the GDP (World Bank 2021). Some experts estimate the value of narcotics transiting Tajikistan is equivalent to 30-50 percent of the GDP (CIA 2021). The population is growing rapidly, with 42 percent of the population under 18 years of age, creating a need for improved public services and employment opportunities for future generations (UNICEF 2019).

Currently, Tajikistan ranks 71st out of 162 countries in progress toward meeting the Sustainable Development Goals (Sachs et al. 2019). The under-five mortality rate is 33 deaths per 1,000 births. This means that 1 in 30 children in Tajikistan die before reaching age five, and more than eight in ten of the deaths occur during infancy (Statistical Agency under the President of the Republic of Tajikistan, MOHSP, and ICF 2018).

Nutrition and Food Security Situation

Tajikistan has a complex and concerning landscape of malnutrition, with the highest rates of some forms of malnutrition in the Central Asia republics (WFP 2020). Overall, 36 percent of children under six months of age are exclusively breastfed. Exclusive breastfeeding declines with age; only 15 percent of infants age four–five months are exclusively breastfed, as compared with 55 percent of infants age zero–one month and 38 percent of infants age two–three months. Many infants are also fed with other liquids, such as water (32 percent), other milks (12 percent), and non-milk liquids (3 percent) before reaching age six months. Moreover, 12 percent of infants begin consuming complementary foods before age six months and 22 percent consume such foods by age four–five months (Statistical Agency under the President of the Republic of Tajikistan, MOHSP, and ICF 2018).

Many adolescent malnutrition risk factors also exist in Tajikistan, including early childbearing. Seven percent of women age 15–19 have begun childbearing, 3 percent have given birth, and 4 percent are pregnant with their first child. (Statistical Agency under the President of the Republic of Tajikistan, MOHSP, and ICF 2018). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low-birth weight baby who is more likely to become malnourished, and is at an increased risk of illness and death than those born to older mothers.

Over half of women in Tajikistan have a normal body mass index (BMI) (56 percent), 7 percent are thin, and 37 percent are overweight or obese. The percentage of women who are overweight increases with age—from 10 percent among those age 15–19 to 67 percent among those age 40–49. Urban women are more likely to be overweight or obese than rural women (41 percent and 36 percent, respectively). By region, the percentage of undernourished women does not vary much; however, the percentage of overweight or obese women ranges from 25 percent in Gorno-Badakhshan autonomous (GBAO) region to 41 percent in Sughd (Statistical Agency under the President of the Republic of Tajikistan, MOHSP, and ICF 2018).

Stunting results from a combination of causes, of which nutrition is one. In Tajikistan, the prevalence of stunting decreased considerably from 26 percent in 2012 to 18 percent among children under five years of age in 2017. Stunting increases from 7 percent among children under six months of age to a peak of 22 percent among children age 24–35 months. Children residing in urban areas are just as likely to be stunted as children living in rural areas, though the prevalence of stunting generally decreases with increasing mother's education and wealth (Statistical Agency under the President of the Republic of Tajikistan, MOHSP, and ICF 2018).

The prevalence of wasting in Tajikistan decreased from 10 percent in 2012 to 6 percent in 2017 among children under five years of age. The prevalence of underweight among children under five years decreased from 12 percent in 2012 to 8 percent in 2017. The prevalence of wasting and underweight is higher among children in urban areas than those in rural areas. However, there is no uniform relationship between wasting and underweight and mother's education or wealth. Women's nutrition is also of particular concern, with a double burden of thinness (7 percent) and overweight/obesity (37 percent) (Statistical Agency under the President of the Republic of Tajikistan, MOHSP, and ICF 2018).

Tajikistan has significant food security needs. Thirty-eight percent of the population spend more than 75 percent of household income on food. Despite improvements in food security in recent years, only 24 percent of Tajikistan's rural population is food secure (WFP 2021). Due to COVID-19 pandemic 41 percent of households reported that they had been forced to reduce their consumption of food (World Bank 2020a).

Tajikistan Nutrition Data (DHS 2012 and 2017)				
Population 2018 (UNICEF 2019)	9.1 million			
Population under 5 years (0–59 months) 2018 (UNICEF 2019)	1.3 million			
	DHS 2012	DHS 2017		
Prevalence of stunting among children under 5 years (0–59 months)	26%	18%		
Prevalence of underweight among children under 5 years (0–59 months)	12%	8%		
Prevalence of wasting among children under 5 years (0–59 months)	10%	6%		
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	7%	8%		
Prevalence of anemia among children 6–59 months	NA	42%		
Prevalence of anemia among women of reproductive age (15–49 years)	NA	41%		
Prevalence of thinness among women of reproductive age (15–49 years)	11%	7%		
Prevalence of thinness among adolescent girls (15–19 years) (BMI less than 18.5 kg/m²)	21%	16%		
Prevalence of children 0–5 months exclusively breastfed	34%	36%		
Prevalence of children 4–5 months exclusively breastfed	NA	15%		
Prevalence of early initiation of breastfeeding (i.e., put to the breast within 1 hour of birth)	50%	62%		
Prevalence of children who receive a prelacteal feed	14%	11%		
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	17%	NA		
Prevalence of overweight/obesity among children under 5 years (0-59 months)	6%	12%		
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	30%	37%		
Coverage of iron for pregnant women (for at least 90 days)	<1%	2%		
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	77%	76%		
Percentage of children 6–59 months living in households with iodized salt	83%	NA		

NA: Not Available

Global and Regional Commitment to Nutrition and Agriculture

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

Year of Commitment	Name	Description
2013	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. USAID and the United Nations Children's Fund (UNICEF) are donor co-conveners for the SUN initiative in Tajikistan (SUN 2017).
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Tajikistan pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (UNICEF 2017).

^{*}Defined in the MNSS 2009 as "within 30 minutes of birth"

^{**}Among all households

National Nutrition Policies/Legislation, Strategies, and Initiatives

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

- National Development Strategy (2016–2030)
- Law on Food Safety (2010)
- Law on Protection of Breastfeeding for Children (2006)
- The Act on Food Quality and Safety (2002)
- Law on Salt Iodization (2002)
- International Code of Marketing of Breast Milk Substitutes
- National Health Strategy (2010–2020 and 2020–2030)
- Nutrition and Food Safety Strategy (2013–2020)
- Nutrition and Physical Activity Strategy (2015–2024)
- Program on Agricultural Reform (2012–2020)
- Food Security Program (2015–2020)
- Food Fortification Law (2019)
- First 1000 Days Communication Strategy (2020–2025)

The government is working closely with development partners to improve food security and nutrition. A national health strategy includes nutrition-sensitive policies and plans, and a Food Security Council (FSCT) was established in 2013 to coordinate decision-making concerning food security. In 2016–2017, the Government of Tajikistan amended the terms of reference and membership of its multisectoral platform (MSP) and technical working groups. These changes include the addition of important sectors and new stakeholders, as well as a separation between SUN multi-sectoral platform functions and the school-feeding program. The 2nd National Nutrition Forum took place in July 2017, which brought together more than 100 national and international partners and practitioners, representing stakeholders from the government, research institutions, donors, United Nations (UN) agencies, and civil society (SUN 2017). The country's Nutrition and Physical Activity Strategy 2014–2020 focuses on the double burden of malnutrition (stunting, acute malnutrition, and micronutrient deficiencies, as well as overweight), prevention of food-borne diseases and nutritionrelated non-communicable diseases. The Food Security Program highlights the need to increase food production and make policy adjustments to enhance accessibility to food through pricing and income strategies. It also identifies broad nutrition issues (such as maternal nutrition, infant and young child feeding, micronutrient deficiencies, and sanitation and hygiene) as important for food and nutrition security. Food security and nutrition was included as a separate goal in the new National Development Strategy for 2016–2030. A Common Results Framework under the SUN initiative has been developed and is currently being costed and operationalized into a National Multi Sectoral Nutrition Strategy.

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

USAID Programs: Accelerating Progress in Nutrition

As of December 2020, the following USAID programs were active in Tajikistan. Feed the Future: the U.S. Government's global hunger and food security initiative emphasizes agriculture as a driver of economic growth through a strategy that encompasses five core investment areas—agriculture, nutrition, policy, infrastructure, and institutional capacity— and aligns with the country's investment priorities. USAID also works with the World Bank-managed Global Agriculture and Food Security Program (GAFSP). The Feed the Future initiative incorporates gender issues, working with women to improve agricultural productivity and health knowledge and to ensure better nutrition and health for the family, especially children. In Tajikistan, Feed the Future supports activities in 12 districts of Khatlon Province in the southwest region, along the border of Afghanistan. Khatlon is a major agriculture-producing region, with the highest undernutrition rates in the country and the largest number of people living below the poverty line.

	Selected Projects and Programs Incorporating Nutrition in Tajikistan				
Name	Dates	Description			
Feed the Future Tajikistan Agriculture and Land Governance Activity	2020–2025	The Feed the Future Tajikistan Agriculture and Land Governance Activity will assist the Government of Tajikistan (GOT) to sustainably reduce hunger, undernutrition, and poverty of smallholder farmers by developing more productive and efficient agriculture systems, building the resilience of smallholder farmers and improving the enabling environment to facilitate sustainable and long-term agriculture-led growth. It will contribute to the USAID Global Food Security Strategy's (GFSS) top-line goals of accelerated growth, better nutritional outcomes, improved food security, land tenure security, greater resilience, and better water security.			
Healthy Mother, Healthy Baby	2020–2025	Support the Ministry of Health and Social Protection of Population in scaling-up and institutionalizing quality health and nutrition services to mothers, newborns, and children; implement social and behavior change (SBC) activities to improve nutrition and maternal and child health practices; and support the Scaling up Nutrition Movement and Republic of Tajikistan's national strategies.			
Prevention and Treatment of Moderate Acute Malnutrition Project	2017–2021	The project, implemented by the World Food Programme (WFP), assists malnourished children by providing specialized nutritious food. While WFP provides treatment for children with moderate acute malnutrition, the United Nations Children's Fund (UNICEF) supports cases of severe acute malnutrition at primary health care facilities and district therapeutic feeding centers. The project purchases specialized nutritious food—Super Cereal Plus—for malnourished children in five pilot districts.			
Scaling up Universal Salt Iodisation to eliminate Iodine Deficiency Disorders	2015–2021	USAID funds UNICEF to support the sustainable elimination of Iodine Deficiency Disorders (IDD) by expanding ongoing universal salt iodization activities. The project has three specific objectives: (1) increase availability of adequately iodized salt (>90 percent) in the market, (2) improve the capacity of salt producers and inspection agencies on basic salt iodization quality assurance, and (3) generate community awareness on salt iodization and IDD.			

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