MINISTRY OF HEALTH AND SOCIAL PROTECTION
OF THE REPUBLIC OF TAJIKISTAN

NATIONAL COMMUNICATION PROGRAM FOR THE "FIRST 1000 DAYS OF A CHILD'S LIFE IN THE REPUBLIC OF TAJIKISTAN FOR THE PERIOD 2020-2024"

Dushanbe 2020

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Ҳукумати Ҷумҳурии Тоҷикистон
ҚАРОР
Правительство Республики Таджикистан
ПОСТАНОВЛЕНИЕ

аз 27 майи соли 2020 № 292

ш. Душанбе

Дар бораи Барномаи миллии коммуникатсионии 1000 рӯзи аввали ҳаёти кӯдак дар Ҷумҳурии Тоҷикистон барои солҳои 2020-2024

Мутобиқи моддаи 16 Қонуни конститутсионии Ҷумҳурии Тоҷикистон «Дар бораи Ҳукумати Ҷумҳурии Тоҷикистон» Ҳукумати Ҷумҳурии Тоҷикистон қ а р о р м е к у н а д:

1. Барномаи миллии коммуникатсионии 1000 рӯзи аввали ҳаёти кӯдак дар Ҷумҳурии Тоҷикистон барои солҳои 2020-2024 ва нақшаи амалисозии он тасдиқ карда шаванд (замимаҳои 1 ва 2).

2. Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон:

- ҳамоҳангсози иҷрои Барномаи миллии коммуникатсионии 1000 рӯзи аввали ҳаёти кӯдак дар Ҷумҳурии Тоҷикистон барои солҳои 2020-2024 муайян карда шавад;

- якҷо бо вазорату идораҳои дахлдор дар доираи маблағҳои пешбинишудаи буҷетӣ, инчунин аз ҳисоби дигар манбаъҳое, ки қонунгузории Ҷумҳурии Тоҷикистон манъ накардааст ва бо ҷалби шарикони рушд чиҳати амалисозии барномаи мазкур тадбирҳои зарурӣ андешад.

3. Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон ҳар сол то 20 декабр оид ба амалисозии барномаи мазкур ба Ҳукумати Ҷумҳурии Тоҷикистон ҳисобот манзур намояд.

Раиси
Ҳукумати Ҷумҳурии
Тоҷикистон Эмомалӣ Раҳмон

Annex 1

to the decree of the Government
of the Republic of Tajikistan
dated May 27, 2020, №292

National Communication Program for the "First 1000 Days of a Child's Life in the Republic of Tajikistan for the period 2020-2024"

1. GENERAL PROVISIONS

§1. Introduction

1. 1. The National Communication Program for the "First 1000 days of a Child's Life in the Republic of Tajikistan for the period 2020-2024" (hereinafter referred to as the "Program") is a document that defines necessary changes in social and behavioral norms in relation to the development of children under two years of age in Tajikistan.

2. The Program's development was initiated by the Global Scaling Up Nutrition Movement (SUN) in Tajikistan aimed at achieving Sustainable Development Goals #2: ensuring food security and nutrition, as well as at reducing malnutrition and poor nutrition indicators in Tajikistan and #6: healthcare .

3. The Program clearly describes the approach for battling stunting among children in the country. The current program focuses on aspects of behavior, specifically on particular segments of the population most in need of changes in their behavioral patterns in order to lower stunting indicators.

4. The Program offers a distinct approach to changing behavior among all levels, from healthcare management to healthcare employees and community leaders and families. The proper and timely behavioral practice change of these people will lay a foundation for accelerated improvements in children's health nationwide. The ten target behaviors should be supported through the services provided at local level.

5. The development of the Program and its relevant legal acts were based on provisions including the Global Nutrition Indicators of 2025 (World Health Assembly), the Consolidated Series of Policies and Strategies, as well as on the Strategy of Nutrition and Physical Activity in the Republic of Tajikistan for 2015-2024.

§2. Stunting Among Children in Tajikistan

6. The Republic of Tajikistan has the highest indicators of stunting in the Europe and Central Asia region. According to the 2017 Demographic Health Survey, 18 percent of all children in Tajikistan between the ages of 0 and 59 months have stunted growth. Rural areas, particularly Gorno-Badakhshan Autonomous Region, Khatlon region, and towns and villages within the Districts of the Republican Subordination bear the greatest stunting burden. Stunting negatively affects a child's brain function, health, organ development, immune system, and learning outcomes, thus limiting their future chances and productivity.

7. The 1000 days roughly spanning the beginning of pregnancy and a child's second birthday are a window of opportunity through which great positive interventions can be made that will contribute towards the cognitive and physical development of a child.

8. In accordance with the elements of attentive care to be given to children in the first 1000 days of their lives, components such as health, nutrition, attentive care, safety, early education and stimulation can each help to determine their future.

9. If none of the above components is individually able to fully satisfy the needs of a child, special attention to the child's nutrition in the first 1000 days of life, beginning from the early stages of pregnancy, can serve as an impetus for long-term socio-economic change.

10. Children with good mental and physical development generally have many more opportunities. They live longer, stay healthier, study better at school, become more productive and, in general, adapt better to adulthood.

11. Investing in nutrition in the first 1000 days of a child's life is also cost-effective. According to World Bank estimates, each dollar invested to decrease the scale of stunting can bring $18 dollars of profit in the long term. If this opportunity is missed, moreover, it cannot be restored later in a child's life.

§4. Social and Behavioral Determinants of Stunting

12. Despite the limited behavioral data available in Tajikistan, studies and field work in general show a significant level of awareness among the population about malnutrition (i.e. weight to age ratio). Despite this, medical workers, the local population, and families have a low level of awareness about stunting itself (i.e. height to age ratio) and its indicators in relation to good nutrition and cognitive development. As a result, decisions made in practice at various levels remain unlikely to bring desired nutritional outcomes.

13. Health workers, communities, and families make decisions based on a number of external factors (such as social norms or cultural context) and internal factors (including individual knowledge, attitudes, and perceptions). In order to change the behavior of an individual, it is therefore necessary to target:

- the person's environment (external factors);
- the person's perception (attitude);
- the person's understanding (knowledge).

14. The influence of medium-term and long-term behavior as an approach to reduce stunting is the most realistic, efficient, and effective method.

2. GOALS AND OBJECTIVES OF THE PROGRAM

15. The program contributes towards two targets: (i) the World Health Assembly's target to reduce the overall number of children under five suffering from stunting by 40 percent by 2025, and (ii) the SUN's target in Tajikistan to decrease the scale of stunting by 17 percent by the end of 2024.

16. Owing to work that has been carried out in Tajikistan in years past, the knowledge gap among caregivers is not the biggest hurdle concerning stunting and behavioral change. Caregivers, including mothers, fathers, grandmothers and grandfathers are naturally very interested in providing the best care for their young children. In most cases, families have already adopted new attitudes, perceptions, and ideas – for example, general changes in nutritional practices to ensure optimal child growth and development, new recipes, and various other recommended methods of childcare.

17. Thus, while there is a significant level of ignorance about stunting in general and a need to fill such gaps with knowledge on its causes and prevention, this is not indicative of unhealthy attitudes, perceptions, or a general lack of knowledge; i.e. these three factors do not manifest themselves as the most significant obstacles to improving nutrition among young children in Tajikistan.

18. It is necessary to create an environment that enables mothers to change their behavioral practices. This can be done by: increasing a mothers' rights and opportunities; by creating spaces to improve the skills of mothers and build beliefs of their own importance in the development of their child, and by improving mothers' access to services, people, and new ideas. The development of such an environment can have a significant impact on the behavior of mothers, on the behavior of her family members, as well as on other members of the community who are in one way or another involved in caring for her child.

19. At their core, these tasks are aimed at supporting mothers while increasing their ability to make beneficial choices regarding the development of their children. In this way, the development of the measures for each stage of the process should focus on increasing the ability of mothers to make more beneficial choices and provide an environment favorable to these beneficial choices.

20. The goal of the Program is to achieve 10 priority behavioral results. These scientifically-based priority models of behavior can result in significant reductions in stunting indicators among children during the first 1000 days of their lives. They are listed below:

- Pregnant and lactating mothers take multiple micronutrient supplements, as per WHO guidelines;
- Pregnant women and breast feeding mothers rest, especially during the last trimester of pregnancy;
- Pregnant mothers attend at least seven antenatal care visits and three postnatal care visits within six weeks of childbirth;
- Mothers initiate exclusive breastfeeding within one hour, exclusively breastfeed for six months, and continue breastfeeding for two years;
- Mothers practice responsive care, particularly the "kangaroo" and "skin to skin care" methods in the first 24 hours, and for the first month of life;
- Health workers, mothers and caregivers wash their hands with soap at critical periods of time during the most critical periods of time;
- Children under two years of age are fully immunized in accordance with the National Immunization Program;
- Children aged 6-24 months take childhood multiple-micronutrient supplements (sprinkles), including zinc, as per WHO guidelines;
- Children 6-24 months eat timely, quality and sufficient quantity complementary food;
- Mothers and health-workers manage and effectively treat main childhood health issues, such as ARI, pneumonia, diarrhea, and helminthes.

3. THE FIVE MAIN MOMENTS OF OPPORTUNITIES FOR TRANSFORMATION

§1. Main Installations of Opportunities for Transformation

21. In Tajikistan, choices about child care are made in homes and kitchens, in family gardens and marketplaces, in health centres, and amidst moments of significance throughout a child's life and journey through development.

22. As such, change strategies related to child health, nutrition, and sanitation will be most effective when they are designed around the natural settings and times in which mothers and caregivers make decisions for their children.

23. A social and behavioral analysis identified five moments that are critical in a Tajik mother and child's 1,000-day journey. These five moments hold the promise of greatest transformational change, because they reflect the natural journey of development that mothers and their children experience together.

24. The five key moments for change, and their specific relevance in the course of the first 1000 days are described below:

- supplementation for mothers
- recreation
- antenatal care visits
- the management and treatment of common infectious diseases
- responsive care
- exclusive breastfeeding
- water, sanitation and hygiene
- vaccination
- micronutrient supplementation for children
- supplementary food

§2. Pregnancy

25. Pregnancy is the foundation of a child's development. The health and well-being of a mother, her knowledge, skills and the support around her are critical during this time.

26. Pregnancy is often the first time at which a mother establishes associations with the health system. Antenatal visits are therefore an opportunity to build a positive relationship between mothers and health workers and begin slowly building health visiting as a habit.

27. Women and their families want their pregnancy to be safe, and they want a positive and reassuring transition to parenthood. Thus, quality maternity services can be redefined by the ability of antenatal visits to achieve both of these goals.

28. During pregnancy, the priority behavior models are: supplementation for the mother, recreation, and antenatal care visits.

29. Challenges exist during pregnancy that influence both mother and child. Some of these challenges (and in turn, opportunities) are:

- Micronutrients are not given to all mothers for free. There is also a lack of communication and understanding regarding the intended outcome of micronutrients, their side effects, and dosage;

- Only 64 percent of women attend an antenatal clinic four or more times, while only half attend for the first time during the first trimester. Many women struggle to cover expenses related to attending reproductive healthcare centers and as a result do not always see attending as a priority.

30. During pregnancy there are key factors that affect the decision-making ability of mothers. These are:

- The Mother: the mother has to attend healthcare centers four times before delivery, including attending for the first time in the first trimester, take micronutrients during the whole pregnancy and lactation cycle, choose less labor-intensive work around home (especially in the last trimester and the first 6 months after delivery);

- Healthcare Workers: the healthcare worker must offer micronutrient supplements to all pregnant and lactating mothers, spend additional time with first time mothers, provide consultations on the benefits and practice of breastfeeding to pregnant women and their families, and check health records on each healthcare center visit;

- The Community: Other mothers and community members recognize and support rest as an important behaviour for healthy, well-nourished children.

§3 The First Week of Life

31. The risk of neonatal mortality is highest in the first week of life. As women generally give birth in medical facilities and stay for several days, this is an

important period in which support can be provided, especially to first-time mothers and fathers. It is at this time that information about positive parental behavior that promotes the healthy development of the infant – for example exclusive breastfeeding and the "kangaroo method" – can be imparted.

32. Child-friendly hospitals worldwide have had a great impact not only in decreasing the prevalence of stunting, but also in decreasing indicators of neonatal and infant mortality rates.

33. The high fertility rate in maternity hospitals in Tajikistan presents and excellent opportunity for the wider application of integrated management methods for childhood diseases and bonding between mother and child in the maternity wards.

34. The provision of sanitary conditions in the maternity ward, initiating breastfeeding within the first hour of delivery, and practicing the "kangaroo method" throughout the stay of mother and child in the ward are critical in reducing neonatal mortality and stunting. When mothers are discharged having already practiced healthy behaviors in a medical facility, they are much more likely to continue these practices at home.

35. Attentive care through the "kangaroo method" and "skin-to-skin contact" is required immediately following delivery; breastfeeding should be initiated within the first hour, any illnesses should be treated, and proper hand washing practices must be observed throughout the stay in the hospital in the first few days of life.

36. There are particular challenges often faced during the period of the first week of the child's life that affect both mother and the child. These challenges (and opportunities) must be reduced where possible and are as follows:

- Medical workers must follow the childcare protocols;

- 22 percent of mothers will need to receive support for breastfeeding in the first week after birth;

- A high percentage of neonatal deaths is connected to low quality of care during childbirth. Therefore, it is necessary to ensure that basic medicine, equipment, vaccines, water, sanitary conditions, and electricity are available in order to lower this percentage;

- Bad sanitary conditions and practices in medical facilities are connected to neonatal mortality and morbidity. Therefore, frontline healthcare workers, patients, and visitors must frequently wash their hands with soap and ensure that water and soap are always available.

37. In the first week of a child's life there are key factors that impact a mother's decision-making ability. These key factors are:

- The Mother: attentive care through the "kangaroo method" and "skin-to-skin contact" should be practiced by the mother immediately following delivery; breastfeeding should be initiated within the first hour; she should understand all recommendations concerning exclusive breastfeeding for up to six months, and be aware of where to go for help;

- The Family: the mother-in-law and father must follow advice on breastfeeding issues, such as understanding the importance of exclusive breastfeeding, and at the same time develop skills concerning supporting exclusive breastfeeding. Fathers are also advised to practice the "kangaroo method" and "bodily contact";

- The Community: in order to maintain personal hygiene, medical workers must wash their hands with soap and water at all critical times, support "bodily contact" by placing the newborn on the mother's chest within the first hour of birth, give suggestions on how to overcome common problems experienced by mother and baby in this time, allow mothers and their infants to stay together in the same room during the day and night, and know how to implement the methods of integrated management of childhood diseases. Furthermore, at least one home visit during the first 48 hours after mother and baby are discharged should be made.

§4. First Forty Days of a Child's Life (8-40 days)

38. Postnatal care visits are a critical vehicle for improving health outcomes in the first month of life, however many families do not return for them – and therefore do not benefit - as time goes on. The traditional approach to postnatal visits is fairly passive and relies on families absorbing the real and hidden costs of monthly attendance. The strategic intent for this phase is to find ways to reduce the physical distance between home and care, to draw more heavily on community care, and to strengthen the perceived value of care after birth.

39. A strong network of community and health workers' support will help mothers regain their strength, and gain knowledge, skills and confidence in their new role and new routines. Over time, the networks and mothers' support groups established during this period can serve as a valuable resource to help mothers through various stages of their child's development.

40. During the first forty days of a child's life, the priority models of behavior are attending postnatal consultations, exclusive breastfeeding, recreation, and micronutrient supplements.

41. There are opportunities and obstacles during the first forty days of the life of a child that can influence the health of the mother and the child. These are:

- For mothers who have recently given birth, and first time mothers in particular, community ties and social outreach is a core source of experience and knowledge. Such activities are not always structured;

- The rate of exclusive breastfeeding reduces by 30 percent one month after birth. The traditional practice of caring for the newborn during the 40 days can affect the sustainability of exclusive breastfeeding;

- The period known as Tshilla, more common in rural than urban areas, is when the new mother usually stays at her mother's family home and is able to rest, recover, and bond with her child, before moving back to her in-laws and returning to routine family life and work.

42. During the first forty days of a child's life there are key factors that can positively influence a mother's decision-making as well as the social context determining whether or not those decisions can be carried out in practice. These key impact factors are:

- The Mother: the mother is advised to practice exclusive breastfeeding, continue taking micronutrient supplements, rest when the child is sleeping, attend a healthcare facility for postnatal care three times, and participate in mothering social groups and local activists for supporting breastfeeding.

- The Family: The mother-in-law and father must understand the support and suggestions in relation to breastfeeding, understand that exclusive breastfeeding means feeding without water or other liquids for six months, supporting mothers in resting and taking micronutrient supplements, and playing a supporting role in helping the mother to breastfeed exclusively. Fathers are also advised to practice the "kangaroo method".

- Medical Workers: medical workers must conduct a 'post-birth' check-up at home within 48 hours of delivery, a checkup within one week of delivery, and a checkup at some time between weeks 4 and 6. During these checkups medical workers must offer support on issues surrounding breastfeeding, provide assistance to local breastfeeding support groups, and gradually transfer the postnatal care responsibilities to local medical workers closer to the residence of the mother.

- The Community: other mothers are advised participate as equal mentors on breastfeeding and attend or lead local groups on postnatal care as paid volunteers.

§5. First Six Months of a Child's Life (1-6 months)

43. On top of her maternal role, a mother usually has additional responsibilities. With this increase in workload and with additional areas of influence, mothers need additional support in order to develop and maintain the positive behavioral practices developed during the first month of the life of a newborn child.

44. Between the first one and six months of a child's life visits to healthcare facilities for postnatal follow-ups will have ceased but monitoring for developmental milestones, visits for vaccinations, and visits to medical facilities for health strengthening and preventative care should continue. Therefore, mothers still have reasons to visit medical facilities. However, transportation expenses, issues concerning unemployment, childcare and other expenses involved in visiting medical facilities can at times outweigh the importance of systematic participation. As a result, many families return to the healthcare system only when problems arise or when they are offered medical consultations at home.

45. Finding creative ways to facilitate and take advantage of the vaccination schedule and growth monitoring can help balance science with tradition, the latter of which is likely to be of great influence during this period. Expanding the sphere of influence that a mother receives beyond the home, to include the health center and community can create new opportunities and spaces for change.

46. During the first six months of a child's life (1-6 months) the priority behavior practices are responsive care, exclusive breastfeeding, and vaccination.

47. During the first six months of the life of a child (1-6 months) there are challenges and opportunities that can influence mothers and children. These hurdles and opportunities are as follows:

- While breastfeeding is considered an important part of the bonding process, the full benefits of breastfeeding as well as aspects relating to the emotional connection between mother and child are not fully understood.

- Breastfeeding is a social norm, however the incomplete understanding of "exclusive breastfeeding" is undermining the effectiveness of breastfeeding.

- The importance of post-birth checkups is not fully understood by mothers. As mothers return to work or to other obligations, monthly expenses for travelling to medical facilities can be relatively high. Nonetheless, mothers are very interested in weighing their children, and this is one of the most common reasons for the contact with medical workers if the child is not ill.

- Although vaccination in the country is generally the norm, as the children grow and develop, they are taken for hospital visits for postnatal check-ups less frequently. Even if they return, problems with vaccine availability can arise.

48. During the period of the first forty days of a child's life there are key factors that can influence a mother's decision-making as well as the social context determining whether or not those decisions can be carried out in practice. These key factors are:

- The mother: the mother is advised to continue exclusive breastfeeding, to continue feeding on demand, to maintain visual contact during breastfeeding, and to complete her third postnatal visit to the facility by the sixth week. She is also advised to visit a healthcare facility and/or local support group every month for preventative and health strengthening measures, and to complete all necessary vaccinations for the child according to the National Immunization Schedule.

- Family: the mother-in-law and father are advised to take on a share of household chores in order to give the mother free time for breastfeeding and for participation in any local support groups;

- Medical workers: medical workers must refer to and fill in medical records for each visit and use the vaccination schedule as a main guide. At the same time, specialized breastfeeding support should be provided, and information acknowledging the importance of attending antenatal consultations/medical facilities, of using up-to-date data for development monitoring, tracking success, and decision making;

- Community: community leaders are advised support mothers through messaging. This can be done by providing messages at religious events and by offering facilities, spaces in the community, and other resources for mothers' support and wellbeing.

§6. The First Twenty-Four Months of a Child's Life (6-24 months)

49. Between 6 and 24 months of age, the child is given complementary feeding with solid food and at the same time continues consuming their mother's milk. In Tajikistan, this is the period in which the stunting statistics reach their highest, and therefore when families are most in need of reliable and relevant information and skills related to which foods are effective in curbing stunting, how to acquire the ingredients for this food and how to prepare it.

50. Support can be provided through child health preservation classes on the timely initiation of complementary feeding. The strongest factor of influence during this stage are mothers-in-law and other mothers who are practicing the recommended methods and procedures.

51. This period of time is focused on eating together such as during lunch or dinner. It is recommended that mothers and mothers-in-law view the these moments of joint food eating with an educational purpose. Joint food eating helps members of the community and families cook and eat together, and during this process acquire new cooking and baby feeding skills while responding to the needs of the children according to changes in diet and development.

52. During the first twenty-four months of the life of a child (6-24 months) the target behavioral practices are: health center visiting, complementary feeding starting from the sixth month, responsive care, continued breastfeeding, timely vaccination, micronutrient supplementation, sanitation and hygiene, as well as management of common childhood illnesses.

53. During the first twenty-four months of the life of a child there are challenges that can influence mother and child. These challenges (and, in turn, opportunities) are:

- The importance of regular visits to health centers is not very clear to mothers. As the child develops and the mother returns to work and to other obligations, preventive check-ups are usually attended less regularly or not at all.

- Most families are committed to providing good nutrition to their children, however the local population does not recognize the connection between nutrition and stunting/healthy development. Families generally do not have sufficient knowledge, skill, or access to proper nutrition and generally are unaware of how to prepare complementary food. Access, expense and the absence of food security are each structural barriers to ensuring adequate complementary feeding during this period.

- While children's food is rarely cooked separately, they often eat separately, or from a separate plate.

- The greatest burden of household chores and responsibility in relation childcare can distract the mother from opportunities to breastfeed, despite a general active support of breastfeeding. Lack of milk has been reported as one of the most common reasons why mothers have stopped breastfeeding.

- Although there are adequate national norms and regulations in relation to vaccination, as children develop they are less likely to be brought in by parents for postnatal check-ups and as such the vaccination schedule is not always observed.

- Micronutrient supplements are often given to children too early, and their benefits and proper usage are not fully explained.

- Medical workers do not regularly promote hand washing or other healthy behavioral practices concerning hygiene and sanitation.

- Only half of all children with symptoms of diarrhea received treatment, while intestinal worms are often ignored, despite the fact that both can significantly affect the absorption of nutrients.

54. During the period of the first twenty-four months of a child's life there are key factors that can positively influence a mother's decision-making as well as the social context determining whether or not those decisions can be carried out in practice. Those key factors are:

- The Mother: the mother is advised to introduce high-quality complementary food to her child after six months according to the appropriate schedule and quantity. Furthermore, the mother is advised to participate in community support groups, to approach meal times as an opportunity to interact and engage with the child, to continue breastfeeding for two years, and to wash hands with soap after using the restroom, before, during, and after preparing food, before eating, after changing the baby, and in any other circumstances that call for good hand hygiene. Moreover, the mother should be aware of how to prevent and treat common childhood illnesses and provide the child with micronutrient supplements (including zinc) according to World Health Organization recommendations, and be aware of which vaccinations are required according to age.

- Medical staff: medical workers are advised to pay special attention to first-time mothers, mothers in vulnerable groups, and mothers who give birth in circumstances that present their own challenges (such as during the winter period). They must coordinate postnatal check-ups with support groups, use the vaccination schedule as a primary guide, and provide 'incentives' to acknowledge a mother's successes (for example with height and weight maps for the home, soap, basic educational materials, and stickers). Furthermore, up-to-date data for tracking successes and behavioral practices should be used, and an SMS or alternative form of messaging system should be developed in order to provide reminders of routine postnatal checkups. Lastly, to improve the understanding of mothers, confidence should be instilled through communication by recommending high-protein food such as eggs and recommending against the consumption of sweet food such as tea with sugar, cookies, and sweets. Attention should be given to the connection between nutrition and stunting.

- The Community: community leaders are advised to assist in the creation of community-led support groups for mothers, to coordinate inputs from healthcare services, to mobilize other sectors in the wider community relating to the needs of mothers (for example, special winter aid packages/cash allowances for vulnerable population groups), and to provide feedback using up-to-date data to mothers and communities.

4. VULNERABLE POPULATION GROUPS

55. A vulnerability and resilience atlas has recently been carried out in Tajikistan. This national mechanism for identifying scales of inequality at household level will benefit the Program's implementation, as it will allow for the prioritization of the most vulnerable groups, including groups that receive insufficient services, while allowing for adjustments to be made at a local level. Although there are fewer poor families by quantity, they require more resources if adequate improvements in nutrition outcomes are to be seen.

56. Using the current data available, the strategy recommends a dual track approach to intervention design and implementation:

i) prioritizing a focused package of interventions for children who are most vulnerable to threats during their first 1,000 days, whilst

ii) recognizing the importance of an approach that reaches all caregivers and children with a basic package of support.

57. The categories of vulnerability on which this strategy recommends focusing (below) are likely to overlap, and the means for addressing them will need to extend well beyond the health sector, to social protection in particular, but also to WASH, food systems, transport, and education (see table: 1 attached).

5. PROGRAM IMPLEMENTATION

58. While the Program sets out the goals and the key approaches to reduce stunting through behavioral change, the implementation plan lays out the timeframe of what needs to happen, when, and the specific methods to be employed over time.

59. Improving service quality, raising awareness on stunting, creating demand for service and behavioral change, removing access barriers and uptake, and encouraging responsive care/mental stimulation practices are each stages related to the ten behavior models.

60. Improving service quality and raising awareness of stunting are prerequisites to subsequent phases. Improving health and other social services so that they are able to receive clients and provide quality services is an integral component of building trust and sustaining demand for the desired behavioral practices. This phase will build health worker understanding of the first 1,000 days of life, as well as technical skills like breastfeeding and lactation support, knowledge of nutritious food, as well as how to deliver empathetic care. Creating a supportive environment for health workers and patients requires a review of the physical space within clinics themselves,

and how they might be improved to create a positive psychosocial environment for everyone who passes through them.

The following indicators apply for the improvement of the servicing experience in the home visiting stage:

- The percentage of medical workers who correctly use a control record for caring for children aged 0-2 years;
- The percentage of health centers where the staff has been involved in training on nutrition for young children and infant;
- The percentage of child-friendly hospitals;
- The percentage of maternity wards with safe drinking water, sanitation and hygiene;
- The percentage of healthcare centers that have identified children most vulnerable to stunting or malnutrition and provide consultation on infant and young child nutrition.

61. This phase focuses on generating awareness about what stunting is, and how it can be prevented. The focus will be on both raising risk perception from an individual level, while highlighting the individual and collective gains that can be achieved by reversing current trends. This phase will already begin to motivate behaviour change. The following are the indicators for this stage:

- The start of the national multimedia communication campaign for increasing awareness on stunting and its prevention;
- The percentage of target health centers tracking the growth and development of all children under two years of age;
- The percentage of activist groups providing information about their initiatives and regularly updating mothers through meetings in the community;
- At least one popular TV program demonstrating positive models behaviour through characters including mothers, fathers, mothers-in-laws and medical workers;
- The percentage of the vulnerable mothers who receive baby food packages.

62. The stage of creating demand for services and behavioral practical change is the essence of the social and behavioral program. This stage focuses attention on addressing stunting through making the 10 preventive behaviors social norms, and on rendering the social context conducive to the realization of these behaviors. The indicators for this stage are:

- The percentage of first-time mothers, vulnerable mothers, etc. attending antenatal clinics including with whom they attend and whether they attend regularly, irregularly, or not at all;

- The percentage of the targeted health centers that send reminders about appointments (doctor visits) and initiatives;

- The percentage of women (first-time mothers, vulnerable, or otherwise), receiving post-birth care within 48 hours of discharge from the medical facility;

- The percentage of the priority health centers that organize and conduct classes on supporting breastfeeding at least twice per month.

63. This stage is concerned with removing barriers to access and utilization. Whilst demand for services are being built, work should quickly follow to ensure health services are accessible to all mothers, geographically, socially, and financially. The indicators for this stage are as follows:

- The percentage of maternity wards referring to up-to-date information and medical records from previous checkups at the healthcare facility;

- The percentage of remote households that use an alternative means of access to vaccination and other medical services, especially during winter months;

- The percentage vulnerable families registered by the targeted social assistance program or other systems of specialized social assistance;

- The percentage of women (first time mothers, vulnerable, and otherwise), with a special designated place for breastfeeding in the house.

64. The stage of care and stimulation of the 10 behavioral practice models will be achieved on the basis that positive results have already been achieved on the behavioral models related to stunting – i.e., when the possibility of Program expansion to a 'whole services (care) structure' (regarding general healthcare, responsive care, and early learning) arises. There may be regions where more effort is needed to adopt the 10 priority behaviors, while in other regions the conversation and investment shifts more fundamentally to other elements critical to the first 1000 days of life. The indicators of responsive care and mental stimulation of the 10 behavior model stage define the main stages and objective bases on the components within responsive care.

65. Phases are proposed across the five-year span of the strategy. The amount of time each phase takes is dependent on the scope of implementation (e.g. national versus focused) and the baseline situation on the ground. Phases may also be considered in blocks, where phase I and phase II are implemented together in close succession, followed by phase III and phase IV in close succession. Phase V is likely to require a rigorous data set against

the M&E Plan to trigger its initiation. Each phase – once initiated – will likely continue for the duration of the strategy timeframe.

Annex

to the National Communication Program for "the First 1000 days of a Child's Life in the Republic of Tajikistan the Period 2020-2024"

Table: vulnerable population groups

Point	Priority vulnerable groups
1.	Families in rural areas, particularly in Khatlon Region and Gorno-Badakhshan Autonomous Region
2.	Families that have been affected by migration
3.	Abandoned families
4.	Poor, food-insecure households identified through targeted social assistance
5.	Children living with disabilities
6.	Women and children living with the human immunodeficiency virus and those who are vulnerable to the human immunodeficiency virus
7.	Children born with low body weight, and children with a low body weight to height ratio (weakened children)

Annex 2

to the decree of the Government
of the Republic of Tajikistan
from 27 May 2020 №292

Implementation Plan of the National Communication Program of the First 1000 days of a Child's Life in the Republic of Tajikistan for the period 2020-2024

	Events	Method of Implementation	Expected Outcome/s	Executors	Deadline	Funding Source
1	Advocacy	Inter-sectoral coordination and communication on the importance of reducing stunting and the solutions to address it Ensure time and resources are available to train and prepare health and other relevant sector staff for a focus on the first 1000 days of life and a national focus to reduce stunting	Steering Committee on Social and Behaviour Change for Stunting meets regularly and monitors implementation	The Ministry of Health and Social Protection of the Republic of Tajikistan, the Ministry of Education and Science of the Republic of Tajikistan, The Television and Radio Committee, The Committee on Women and Family Affairs, The Committee on Youth and Sports, The Committee on Religion, and Regulation of Traditions and Celebrations under the Government of the Republic of Ta-	Years 2020 - 2024	Does not require funding

				jikistan, The Committee on Local Development under the President of the Republic of Tajikistan		
2	Community Engagement and Social Mobilization	Identify older mothers, including grandmothers and mothers-in-law to serve as the main supporting members on breastfeeding in the family Medical facilities to organize weekly/monthly training sessions related to breastfeeding It is important that the trainees and mothers come from similar economic and social backgrounds Identify packages of "incentives" or gifts for mothers and babies during community ANC, PNC and wellness visits that are linked to development milestones	Awareness and capacity building materials developed Local community leaders are engaged	The Ministry of Health and Social Protection of the Republic of Tajikistan, the Committee on Women and Family Affairs, The Committee on Local Development under the President of the Republic of Tajikistan, and development partners	Years 2020 - 2024	Funded by development partners

3	Coordination	The establishment of a steering committee and its activities are confirmed with specific tasks Similar coordination mechanisms will be established at regional and local levels Map alignment of human and financial resources across sectors and partners Identify the areas with highest levels of stunting and infant mortality and on this basis prioritize the implementation of the "Ten priority behaviors"	A ruling committee is appointed and will start operating after its technical tasks are designed The coordination mechanisms are interface at national, regional, and local levels All steering committee members are briefed on the SBC Strategy The number of problems solved jointly with the local board	The Ministry of Health and Social Protection of the Republic of Tajikistan, the Ministry of Education and Science of the Republic of Tajikistan, The Television and Radio Committee, The Committee on Women and Family Affairs, The Committee on Youth and Sports, The Committee on Religion, and Regulation of Traditions and Celebrations under the Government of the Republic of Tajikistan, The Committee on Local Development under the President of the Republic of Tajikistan, local executive bodies, town and village self-governing bodies, community action groups	Years 2020 - 2024	Does not require funding
4	Systems strengthening	Establish committees to discuss and solve issues related to service quality	The percentage of primary healthcare facilities that use control records for	The Ministry of Health and Social Protection of the Population of the Republic of Tajikistan, The Committee on Lo-	Years 2020 - 2024	Funded by the budgetary funds of the Ministry of Health and So-

		Development of checklists for all visits to maternal healthcare facilities Identify the most vulnerable regions in terms of stunting and infant mortality and start to work from that region. Implement results-based financing with the aim of reaching the most vulnerable children and families Impelement a social franchising model to identify best practice in Tajikistan from which to learn and replicate. Medical facilities should provide child-friendly spaces in order to encourage play and responsive care between mother and child Provide basic medical supplies, capacity, new infrastructure (where required), equipment, and improvements to the physical environment for all target areas. This will emphasize the importance of a hospital and other outreach services as the primary vehicle to reach mothers and families	monitoring quality Complete mapping of social franchising Capacity building materials and programs operational based on lessons learned from social franchising Programs/projects of "Child friendly hospitals" programs/hospitals start operating on a pilot basis Basic medical supplies available in all facilities The percentage of maternity wards that have at least one	cal Development under the President of the Republic of Tajikistan, community action groups The Ministry of Health and Social Protection of the Republic of Tajikistan (reproductive health centers, wellness centers), social volunteers, community action groups, development partners The Ministry of Health and Social Protection of the Republic of Tajikistan, development partners, local executive bodies of state power Ministry of Health and Social Protection of the Republic of Tajikistan, local executive bodies of state power, community action groups, town and village self-governing bodies, development partners		cial Protection of the Republic of Tajikistan, subordinate institutions, local authorities, development partners

		Repair public washbasins in maternity wards and ensure they are supplies with soap and water, and consider additional incentives for medical workers to use them Prioritize the first postnatal care home visits within two days of hospital discharge As part of intersectoral commitment, strengthen social protection for vulnerable families to reduce barriers to service access Help families establish hand washing stations relocated in the home to make it easier to wash hands with soap Ensure micronutrient supplements are provided free of charge Plan for common problems and barriers to attending antenatal, postnatal, and wellness visits such as transportation, childcare, and related costs	handwashing station installed in a publicly accessible location Nutrition is added as a criterion to the state program for targeted assistance			

5	Research, monitoring and evaluation	Under the guidance of the Steering Committee, set targets and milestones according to the monitoring and evaluation plan. Begin implementation of the research and monitoring plan in accordance with the social and behavioral indicators identified. Establish systems for monitoring and reporting on milestones and indicators in implementation and the monitoring and evaluation plan Preliminary research is required for better understanding the workload and challenges of medical workers in underserved areas to provide insight into supporting the health system to better accomplish its goals Identify the most vulnerable areas for high rates of stunting and infant mortality. Start the "ten priority behaviors" program for child-friendly hospitals in these areas Start collecting baseline information of overall social and be-	Development of a research and monitoring plan Establishment of an electronic database Baseline data collected Collaborative design of service activities in pilot areas Research with healthcare workers underway	The Ministry of Health and Social Protection of the Republic of Tajikistan (center for reproductive health, wellness centers), development partners	Years 2020 - 2024	Funded from the funds allocated for health and social protection of population, local executive bodies of state power, development partners

		havioral indicators, as well as rapid operational local level data to inform the co-development of services with community participation Create an electronic database on pregnancy, births, and newborns At the end of each stage, conduct exit surveys that capture mothers' experiences at the facility. Disseminate this information nationally and locally Ensure comparable data is available on healthcare milestones to assist and share progress. Growth charts that prominently plot height and weight for all target ages in the community are visual tools to reinforce norms and demonstrating progress Research rewards and incentives to improve health worker performance in vulnerable areas Give rewards and incentives to health institutions with the "most progress" or that are the "most effective" in the area of decreasing stunting indicators over a				

		given period. Performance rewards may include public recognition, certificates, or promotion opportunities for all employees				
6	Supportive Communication and Materials	Work directly with community members and medical workers, develop tools to both educate and remind mothers about the importance of regular visits with clinic staff. This may include notes about important registered dates, including reproductive health center visits, and taking vitamins and other important milestones for monitoring a child's height. It may also include work aids (monitoring notes and frequently asked questions) to improve the performance of health workers Design clear and large growth charts for visual mapping in health facilities Develop an affordable newborn package as a parting gift to be given to mothers upon their discharge from the maternity ward. This may include a vaccination	Tools and work aids for medical workers will be designed, incorporated into training, and put into use	The Ministry of Health and Social Protection of the Republic of Tajikistan (center for reproductive health, wellness centers), and development partners	Years 2020 - 2024	Funded by development partners

		card showing a newborn's weight and height at birth, a growth and height chart, as well as a marked date for the first postnatal consultation				
7	Capacity	The national training curriculum should be updated to introduce the five principles of behavioral change, knowledge of early childhood development of preschool aged children, WASH, building trust and an enabling environment for mothers Specific skills on supporting breastfeeding and nutrition, simple education methods for mothers about the norms of early childhood development, and an analysis of milestones of the child's development with the mother's participation A continuous support management system needs to be established and staffed with skilled professionals to conduct "group learning" sessions with a view to embedding the 'consistency' of good practice throughout the	The new curriculum will be included in the main work plan for medical institutions The percentage of medical workers trained using the new curriculum Implementation of supportive supervision	The Ministry of Health and Social Protection of the Republic of Tajikistan, medical facilities, local community activists, social services, support groups, development partners	Years 2020 - 2024	Funded from the funds allocated for health and social protection of population, local executive bodies of state power, development partners

		country Build the capacity of health workers on how to provide empathetic care and specifically, how to make all community visits are valuable and enjoyable Establishment of a special group for vaccination of women with early detected pregnancy and their mobilization for timely visits to maternity care services Prepare healthcare workers on how to counsel a mother of the importance of remembering check-up dates upon discharge from the maternity ward				
8	Advocacy	Encourage national public discourse and a national commitment to reduce levels of stunting, emphasising national pride and the future of Tajikistan in developmentally, economically, and socially High level, highly visible publicity of the launch of renovated social franchise clinics emphasising features and free services availa-	Consensus building event organized and conducted by the Steering Committee	The Ministry of Health and Social Protection of the Population of the Republic of Tajikistan, Television and Radio committee under the Government of the Republic of Tajikistan, Development partners, Steering committee	Years 2021 - 2024	Within the projected funds in the field of health and social protection of the population, television and radio committee under the Government of the Republic of

		ble				Tajikistan, local executive body of state power, development partners
9	Community Engagement and Social Mobilization	Involve the community in exchanging views on local baseline data and co-design a national table/dashboard of key stunting indicators Engage community leaders, volunteers, representatives of religious organizations, self-help groups, and other organizations to make public commitments to reduce stunting rates and support mothers in their child's first 1000 days of life Involve community and women's groups in discussions that identify possible alternatives to traditional methods During religious and social events, encourage religious and other activists to reflect on exclusive breastfeeding and the role of fathers in childcare, and discuss	Percentage of communities involved in the creation of databases and joint design of monitoring for stunting at the national level Community groups and workers that have earned public recognition Audience selection is completed, confirmed, and factual information is available	Steering committee on national and regional levels, the Ministry of Health and Social Protection of the Republic of Tajikistan, the Television and Radio committee, the Committee on Women and Family Affairs, the Committee on Youth and Sports, the Committee on Religion, and Regulation of Traditions and Celebrations under the Government of the Republic of Tajikistan, local executive bodies of state power, local self-governing bodies of towns and villages, local executive bodies, mobile companies, and development partners	Years 2021 - 2024	Does not require funding

		possible alternatives to traditional methods Create a list of all target families and mothers that will be used to send SMSs, which will be counted as the 'audience' in stage 3				
10	Coordination	Conduct a consensus building event showcasing partner roles leading to an integrated national approach to decrease the high levels of stunting Reflect the stunting challenges partner communications and tools, such as hospitals, communities, water supply points, schools and other places that include target population	Organizing an event in order to reach an agreement	Steering committee, Ministry of Health and Social Protection of the Republic of Tajikistan, Development partners	Years 2021 - 2024	Does not require funding
11	Systems Strengthening	Examples of priority behavior to address stunting are reflected in all the contact points of health facilities and the workplaces with the help of medical staff, training materials, FAQs, training and checklists that are commonly used	Visible and prominently-placed growth monitoring charts of physical development (height and weight deficiencies) and other educational ma-	Ministry of Health and Social Protection of the Republic of Tajikistan, Development partners	Years 2021 - 2024	Funded by the development partners

		Visual growth charts are on display and in use in all target medical institutions, and used for all children under two years of age Newly trained staff will start home visits with new materials on caring for the most vulnerable women and families. The main task is to establish relationships with the whole family and raise awareness on stunting and exclusive breastfeeding practices Medical institutions will offer weekly and monthly sessions on breastfeeding	terials are in use in all medical institutions Number of capacity building activities/processes Agendas and schedules for weekly and monthly trainings are available			
12	Research, monitoring and evaluation	Design formative research and monitoring mechanisms for the communication campaign To summarize the baseline data, establish a national dashboard on main stunting indicators, including data from health facilities. Widespread dissemination of updated baseline data and the dashboard on main stunting indicators in order to raise awareness of the situation and what	Evidence available to inform and adjust the national communication campaign The national table of stunting indicators is published publicly and updat-	TheMinistry of Health and Social Protection of the Republic of Tajikistan, Development partners	Years 2021 - 2024	Funded by development partners

		can be done at local level Implement the findings of the original research and co-design efforts conduced in the previous phase with health workers to inform health service improvements Use social and behavioral baseline data to develop an evidence-based framework for specific actions to support services at the place of residence and to make general improvements during the development of programs	ed regularly The percentage of the evidence-based framework of specific interventions which is required to support service delivery at the place of residence and to make overall improvements to program design The percentage of the specific actions undertaken			
13	Supportive Communication Materials	Develop content and programming for local and regional media to cover the causes of stunting and examples of preventative behavior Promote high-protein, affordable, and easily-assessable complementary foods such as eggs	An agreement signed with a creative agency to develop and implement a national communications campaign	The Ministry of Health and Social Protection of the Population of the Republic of Tajikistan, Television and Radio Committee under the Government of the Republic of Tajikistan, Development partners	Years 2021 - 2024	Within the planned funds in the field of helath and social pprotection, Television and Radio committee under the Government of

		Based on an evidence-based and innovative creative approach, launch a national media campaign in phases, starting with stunting awareness Create TV role models and relevant themes within TV, film cooking shows, recipe competitions between different regions, etc. and broadcast these on TV Consider ways in which traditional and pop culture songs can be used to disseminate messages, for example through songs	Availability of data briefs and FAQs The number of testimonials of commitment and examples of possible actions at face-to-face events, on social networks, and TV and radio shows (for remote areas) Campaign phase 1 launched			the Republic of Tajikistan, local executive bodies of state power, Development partners
14	Capacity	While health staff remain important, a focus will be on building the capacity of media outlets and educational institutions to develop and deliver materials, programs and campaigns Messages are aimed at raising awareness about stunting, nutrition, exclusive breastfeeding and early childhood, as well as the importance accessing health ser-	Number of competent organizations able to develop and deliver awareness raising materials, programs and campaigns	The Ministry of Health and Social Protection of the Republic of Tajikistan, Television and Radio Committee under the Government of the Republic of Tajikistan, Development partners	Years 2021 - 2024	Within the planned funds in the field of health and social protection, Television and Radio committee under the Government of the Republic of Tajikistan, local executive

		vices early Start to build the capacity of community engagement and social mobilization networks, the role of which will be crucial in generating demand in the next phase				bodies of state power, Development partners
15	Promotion	Conduct advocacy campaigns that promote improvements of the health care system at the district and local levels. Link launches with personal stories and the journeys of families who can continue to be an integral part of the campaign's story Focus on the need to support the quality (supply) of services to meet the demand of the community	Launch of a national multidisciplinary communication campaign to raise awareness about stunting and its prevention	The Ministry of Health and Social Protection of the Republic of Tajikistan, Television and Radio Committee under the Government of the Republic of Tajikistan, Development partners	Years 2022 - 2024	Within the planned funds in the field of health and social pprotection, Television and Radio committee under the Government of the Republic of Tajikistan, local executive bodies of state power, Development partners
16	Community Engagement and Social Mo-	Conduct regular (weekly or monthly) maternal support groups for breastfeeding, complementary feeding, and peer	The number of local support groups	Ministry of Health and Social Protection of the Republic of Tajikistan, The Committee of Local	Years 2022 - 2024	Within the planned funds in the field of health and so-

	bilization	counseling. Ensure they are run with the five principles in mind. Ensure mothers in law or other family supporters are invited Provide a variety of incentives for mothers, mothers-in-law and fathers in the most crucial moments during the first 1000 days Conduct work on creating family budgets, including expenses for health and transport services and involve community activists and other local leaders in identifying vulnerable families During the first home visit for postnatal care, assist mothers in identifying or creating their own "space" for breastfeeding – a quiet and comfortable place where mother and the newborn can form a connection and feed Encourage women to attend reproductive health centers with their husbands or family members, as this reinforces their behavioral habits in terms of following doctor's instructions or advice	The number and type of public partner organizations A regular (monthly) peer support schedule exists	Development under the President of the Republic of Tajikistan, local executive bodies of state power, local self-government bodies of towns and villages, public amateur bodies		cial protection, Local development Committee under the President of the Republic of Tajikistan, local executive bodies of state power, development partners

17	Coordination	In order to create a demand for behavioral and technological change establish formal partnerships with religious organizations and programs that have access to women, migrants and especially to vulnerable groups, the steering committee should organize and conduct milestone and midterm commitment events Re-establish partnerships and coordination services with other sectors, such as transport, social assistance, etc. in order to remove access barriers	Coordinate supply and demand factors The percentage of partners and major programs, such as religious organizations, non-governmental organizations, support the implementation of targeted social assistance programs Milestone commitment event held	Committee on Women and Family Affairs, Committee on Religion, Regulation of Traditions and Celebrations under the Government of the Republic of Tajikistan, Ministry of Labor, Migration and Employment of the Republic of Tajikistan, Development partners, public and non-governmental organizations	Years 2022 - 2024	Funded by development partners
18	Systems Strengthening	Strengthen the focus on the 10 priority behaviors through providing support in the workplace to improve care delivery Continue investing in creating child-friendly spaces and a more aesthetically pleasing environment, improving and monitoring	Number of capacity building events/processes Final interviews/consumer surveys The number of	Ministry of Health and Social Protection of the Republic of Tajikistan, Development partners	Years 2022 - 2024	Funded by development partners

		the overall experience of mothers Use real-time monitoring of the social franchise/best practice in approach to understand what is working Prioritize home visits for the most vulnerable families in order to support them in developing knowledge and skills	places with a child-friendly environment			
19	Research, monitoring and evaluation	Provide access to information at health facility level, service-orientated data within the system for each patient (for example, recommended micronutrient supplements, classes attended, counseling given, SMS reminders sent, etc.) Exit reviews follow clinic visits, particularly following discharge from the maternity ward. Identify high performing health facilities and capture valuable lessons (best practice) to share with lower-performing health centers. Develop a feedback and follow-up system	Prepare a main data monitoring dashboard Identify high performing clinics and their characteristics The percentage of medical facilities that have access to facility level data Mid-term program review endorsed with management re-	Ministry of Health and Social Protection of the Republic of Tajikistan, Agency on Statistics under the President of the Republic of Tajikistan, Development partners	Years 2022 - 2024	Funded by development partners

		Implement a monitoring system for supportive supervision and quality assurance Prepare for the second round of survey data on key indicators to compare trends and baseline levels after 2 years. After 24 months conduct a midterm analysis of the program	sponse			
20	Supportive Communication and Materials	Implement a multi-channel national campaign through on emphasising the risk, awareness and feasibility achievability of the behaviors and increased profile of medical workers as the source of credible information and counseling. The materials should be considered for a diverse audience, including but not limited to the health sector SMSs are sent to mothers and families reminding them of appointments and support groups, as well as developmental milestones and other messages Provide communication materials that promote the desired so-	Phase 2 of the national media campaign rolled out Official recognition of community groups and employees at least quarterly	The Ministry of Health and Social Protection of the Republic of Tajikistan, advertising agency, development partners	Years 2022 - 2024	Funded by development partners and private sector

		cial norms, such as: mothers and fathers who practice the "kangaroo method", breastfeeding, responsive care, etc. in a prominent place at service points and in other places				
21	Capacity	Implement the current guidance for health workers in health facilities as well as during home visits Ensure that all civil society and other groups implementing the program are trained and prepared in accordance with the five guiding principles, as well as key messages for the development of the 10 behavioral patterns and the promotion of specialized medical care	Train and prepare civil society groups	The Ministry of Health and Social Protection of the Republic of Tajikistan, development partners, public and non-governmental organizations	Years 2022 - 2024	Funded by development partners and the private sector
22	Advocacy	For addressing barriers resulting to national policy, infrastructure, provision or public support to influence any necessary changes in political will, allocation of resources, settings, legislation regulation or public reaction	A shift in resource allocation to where they are most needed	The Ministry of Health and Social Protection of the Republic of Tajikistan, development partners	Years 2022-2024	Does not require funding

23	Community Engagement and Social Mobilization	Review and address remaining barriers to accessing and mastering services. This might include not identifying the most vulnerable groups, limited community support with the recommended behavioral patterns, or general dissatisfaction with or mistrust of the approach Increased attention on community outreach for home care in difficult situations, such as immediately after the birth of the child, seasonal weather, or other conditions that limit access to medical facilities	Percentage of identified non-recipients of assistance/services The percentage barriers removed	The Ministry of Health and Social Protection of the Republic of Tajikistan, development partners	Years 2022 - 2024	Does not require funding
24	Coordination	Coordination with actors outside the health care system is essential to ensure the removal of access barriers Give attention to barriers such as transportation, financial, social support mechanisms and other mitigation measures, particularly for families experiencing chronic food shortages, and particularly in relation to improving access to	The percentage of relevant partners who are active in addressing access barriers A subset of partners relevant to access for vulnerable groups are active in addressing	Ministry of Health and Social Protection of the Republic of Tajikistan, development partners	Years 2022 - 2024	Funded by development partners

		the most vulnerable groups	key barriers			
25	Systems Strengthening	Continue making improvements to infrastructure to ensure the availability of water and sanitation points in all target medical institutions, as well as developed and trained staff Refine the approach to empathetic care Identify health facilities that have the lowest performance outcomes and focus on strengthening them Identify the health facilities with the highest performance indicators, recognize their achievement and capture lessons from them	The percentage of workers who have access to key performance dashboards and systems data	Ministry of Health and Social Protection of the Republic of Tajikistan, development partners	Years 2022 - 2024	Funded by development partners
26	Research, monitoring and evaluation	Analyze the research agenda using qualitative and quantitative methods in order to clearly understand why service practices, risk awareness, community support, and other issues have a positive or negative impact on the adoption of the recommended patterns of behavior. In this case, the positive and motivating fac-	Gather data on the technical task Reviewed research agenda available	Ministry of Health and Social Protection of the Republic of Tajikistan, public and non-governmental organizations, development partners	Years 2022 - 2024	Funded by development partners

		tors should also be identified in favor of further widespread or renewed use. Predicting the collection of key indicators and comparing with trends and baseline levels				
27	Supportive Communicatio n and Materials	Update communication materials for knowledge, warnings and risk barriers based on the available information. Examine the relationship with the media to consider specific opportunities and barriers highlighted during data collection, especially remaining gaps in knowledge, and the perception or acceptance of everyday behavioral practices. This should also be coordinated with the adjustment of existing tools and assistance in the work and analysis of key messaging	Updated communication materials are available Revised plan for working with the mass media available Public recognition of community groups and employees	The Ministry of Health and Social Protection of the Republic of Tajikistan, The Television and Radio Committee under the Government of the Republic of Tajikistan, public and non-governmental organizations, development partners	Years 2022 - 2024	Within the framework of the planned funds in the field of health and social protection, Television and Radio Broadcasting committee under the Government of the Republic of Tajikistan, Development partners
28	Capacity	Capacity building should be targeted and focused on issues arising from the point of service exist surveys Training sessions should be conducted a second time to address	The percentage of the targeted team training sessions following low outcome of survey results	Ministry of Health and Social Protection of the Republic of Tajikistan, development partners	Years 2022 - 2024	Funded by development partners

		staff turnover, as well as lessons learned and issues that have emerged since the first phase	The percentage of group training sessions that have been conducted with repeat teams			
29	Advocacy	Expand national discussion and support for early childhood development. Recognize the progress made in reducing stunting and the growing role of the health facilities	Inclusion of ECD on the national agenda	The Ministry of Health and Social Protection of Population of the Republic of Tajikistan	Year 2024	Does not require funding
	Community Engagement and social mobilization	Consult with existing community groups and health workers to gain understanding into how to ensure support the further reduction of stunting in the context of the nurturing care framework	The percentage of the community groups consulted on ECD/ nurturing care	The Ministry of Health and Social Protection of Population of the Republic of Tajikistan, The Ministry of Education and Science of the Republic of Tajikistan	Year 2024	Funded by development partners
30	Coordination	Review the coordination mechanism from national through to local levels to fully reflect the nurturing care framework Engage other platforms and relevant sectors through the Steering	Revised procedure for the participation of the steering committee	Ministry of Health and Social Protection of Population of the Republic of Tajikistan, development partners	Year 2024	Does not require funding

		Group, including WASH, education, child protection and health. Prioritize areas of focus and how to effectively integrate and measure stunting with the full nurturing care framework				
31	Systems Strengthening	Establish an improved model of social franchise/best practice within which the best experiences and work of health centers can be shared. Invest in the ongoing maintenance of behaviors through the extensive implementation of best practices	The percentage of health workers trained on ECD and the nurturing care framework Educational materials are available	The Ministry of Health and Social Protection of Population of the Republic of Tajikistan, development partners	Year 2024	Funded by development partners
32	Research, monitoring and evaluation	A 5-year assessment should show where the program has influenced behavior to reduce rates of stunting The experience gained should be published to promote learning across sectors and on a regional scale	Programming implications of T2 data implemented Improved system for monitoring the development of ECD and nurturing care	The Ministry of Health and Social Protection of Population of the Republic of Tajikistan, development partners	Year 2024	Funded by development partners

			Publication of a 5-year report and lessons learned			
33	Supportive Communicatio n and Materials	Conduct coverage analysis of dissemination tools to validate more effective relationships. Up-date materials based on the data from the community and health centers	Publication of a report on the analysis of in-formation dis-semination means Updated information is available	The Ministry of Health and Social Protection of Population of the Re-public of Tajikistan, de-velopment partners	Year 2024	Funded by development partners