

Multisectoral Plan of Action for Nutrition

Republic of Tajikistan for 2021-2025

1. Introduction

Overview

1. This Multisectoral Nutrition Plan for the Republic of Tajikistan (RT), henceforth referred to as ‘the Plan’, provides a summary of interventions proposed to improve maternal and child nutrition status in Tajikistan from 2021 to 2025. The plan describes how actors across the different sectors can invest in and contribute to the achievement of national development goals in Tajikistan through a combination of high-impact nutrition actions and interventions which address underlying causes, targeting those most at risk of malnutrition.
2. The Plan is intended to facilitate the multisectoral coordination of national and subnational actors implementing interventions to improve nutrition. It is integral to the national policy of socioeconomic development and fulfils the third strategic development objective of the National Development Strategy of the Republic of Tajikistan for the Period up to 2030: ‘ensuring food security and people’s access to good-quality nutrition’.
3. The Plan is aligned with international best practice and guidance and with the World Health Assembly Global Nutrition Targets 2025 and Sustainable Development Goals (SDGs) 2 targets, which have been adopted by the RT. This Plan builds upon other plans, strategic documents and programmes relating to health and nutrition in Tajikistan, including strategies for the Health Sector, Food Security, Social Protection, School Feeding, the newly adopted Law on Food Fortification and the upcoming the National 1000 Golden Days Communication Programme, as well as a number of donor-supported programmes which include nutrition-related goals and activities.
4. Following the Scaling Up Nutrition (SUN) Movement Principles of a multisectoral approach to nutrition and in recognition of the need for a collective and coordinated national response to the nutrition challenges facing the country, Tajikistan’s SUN Secretariat and SUN partners, has developed this national Plan. Using the Common Results Framework developed in 2017 as a starting point, the Plan has been developed through extensive engagement with government stakeholders, development partners, United Nations agencies, international and national nongovernmental organisations, civil

society and academia, as well as through analyses of secondary data, including recent national surveys and ongoing programmes.

Background to the Scaling Up Nutrition Movement

5. The importance of good nutrition for human development is demonstrated by its centrality to the achievement of the SDGs: at least 12 of these goals contain indicators highly relevant to nutrition. The consequences of undernutrition can be irreversible, particularly after the first 1,000 days (from conception to 24 months of age), and include poor cognition and educational performance, low adult productivity and increased risk of noncommunicable disease in adult life. Undernutrition is intergenerational in nature; undernourished mothers are more likely to have undernourished babies of low birth weight, who in turn have an increased risk of morbidity and mortality, being stunted and becoming an undernourished parent with stunted children themselves. Overnutrition, characterised by overweight and obesity, is also a major determinant of noncommunicable diseases, such as heart disease, stroke and type 2 diabetes.
6. The SUN Movement was initiated by the United Nations secretary-general in 2010, following the publication of the landmark *Lancet* nutrition series in 2008,ⁱ which identified undernutrition as a major global public health crisis and associated factor in over 3.5 million maternal and child deaths. The SUN Movement calls national governments to action in addressing malnutrition through scaling up high-impact nutrition interventions, in addition to those which address the multiple underlying pathways to malnutrition, and 60 countries have now signed up to the Movement.
7. Undernutrition in Tajikistan accounts for approximately 13 percent of disability-adjusted life years in children under 5 years of age and costs the country US\$41 million annually through lost productivity due to increased mortality and reduced cognitive and physical development. Two-thirds of these losses are attributed to stunting, iodine deficiency and maternal and child anaemia, which represent the greatest burden of undernutrition in Tajikistan.
8. These losses could be prevented by introduction and nationwide implementation of cost-effective and evidence-based interventions, such as promotion of optimal child feeding practices: early initiation of breastfeeding, exclusive breastfeeding until 6 months of age and timely and appropriate complementary feeding, together with continued breastfeeding to 24 months

of age, universal salt iodisation, micronutrient supplementation and management of severe and acute malnutrition.

2. Nutrition Situational Analysis

9. Although stunting rates in Tajikistan are improving, they are still the highest in the Central Asia region, and rates of micronutrient deficiency, including anaemia, vitamin A, folate and iodine deficiency, remain very high and represent severe public health problems. Overweight and obesity amongst women are on the rise in Tajikistan.
10. Climate change, seasonal fluctuations in agricultural production and incomes, dependence on imported foods and price fluxes are all factors in Tajikistan which affect the availability, accessibility and affordability of adequately diverse diets, especially for growing children and pregnant and lactating women.
11. Lack of knowledge and awareness about age-appropriate, adequate, diverse and nutritious diets result in poor infant and young child feeding practices, including inadequate complementary feeding of children 6 to 23 months of age (only 9 percent of children 6 to 23 months of age have a minimal acceptable dietⁱⁱ and low exclusive breastfeeding rate (36 percent). Suboptimal management of childhood illnesses, inadequate access to safe and clean water and poor hygiene and sanitation practices further impede improvements to nutritional outcomes for women and children.
12. Multiple assessments, reports, and expert consultations on addressing malnutrition in a sustainable manner in Tajikistan have produced similar recommendations, including the following: creation of a supportive governance environment to enable coordinated and coherent multisectoral nutrition actions; defining of common goals for nutrition and multisectoral interventions to achieve these; improvements to the targeting of nutrition actions; and a focus on women and their empowerment. Interventions which promote a life cycle approach to improving nutrition—with a special focus on children under 2 years of age, adolescent girls and pregnant and lactating women—are also recommended.

3. Goals, Targets and Strategic Objectives of the Plan for the Republic of Tajikistan

13. The Government of Tajikistan has demonstrated a clear commitment to tackling nutrition challenges. Tajikistan joined the SUN Movement in 2013, and nutrition became a priority in its own right, firmly rooted in the national development agenda; and both the World Health Assembly Global Nutrition Targets¹ for 2025 and the SDG 2² have been formally adopted. The First Deputy Minister of Health was nominated as SUN Focal Point, and a SUN Secretariat was established, based within the Ministry of Health and Social Protection of the Population (MOHSPP), and supported by other government ministries and nongovernment partners, including United Nations Children's Fund, GIZ (Gesellschaft für Internationale Zusammenarbeit), US Agency for International Development and the World Bank. This has facilitated the definition of shared goals and multisectoral actions to address the multiple and complex pathways to malnutrition, which are core principles of the SUN Movement, through the development of a Common Results Framework in 2017.

14. The overall goal of the Plan is to improve maternal and child nutrition status in Tajikistan by 2025.

15. Nutrition targets associated with the achievement of this goal are:

- 40 percent reduction in stunted children under 5 years of age between 2020 and 2025.
- 50 percent reduction in anaemia in women of reproductive age between 2020 and 2025.
- 30 percent reduction in low birthweight between 2020 and 2025.
- No increase in childhood overweight between 2020 and 2025.
- Reduction in and maintenance of childhood wasting to less than 5 percent by 2025.
- Reduction in adult overweight by 20 percent and adult obesity by 30 percent by 2025.

16. Four key strategic objectives have been identified through which the goal and target may be achieved:

- Strategic Objective 1: Create an enabling political environment for improving nutrition in Tajikistan.
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- Strategic Objective 2: Improve the quality and coverage of nutrition-specific interventions.
- Strategic Objective 3: Improve the quality and coverage of nutrition-sensitive interventions.
- Strategic Objective 4: Establish a mechanism for the ongoing collection, analysis and comparison of nutrition information from multiple sectors.
- Each strategic direction is described below (Strategic Objective 3 has been divided into four subobjectives), together with their expected results.

17. Detailed lists of actions by which the results will be achieved, responsible agencies and sources of funding can be found in the table following this section.

§ Strategic Objective 1

Create an enabling political environment for improving nutrition in the RT

Result 1.1: A detailed multisectoral nutrition plan with financial and monitoring and evaluation (M&E) frameworks is in place by 2021.

Result 1.2: Sectoral policies and plans are reviewed/updated to incorporate a core set of relevant nutrition actions and indicators at national and subnational levels (oblast, *rayon*, *jamoat*).

Result 1.3: Government is dedicating resources to nutrition, and systems are in place to track nutrition finance by end 2021.

Result 1.4: Multisectoral nutrition coordination mechanisms are functional at national and subnational levels (oblast, *rayon*, *jamoat*) by end 2022.

§ Strategic Objective 2

Improve the quality and coverage of nutrition-specific interventions

Result 2.1: Capacity at national and subnational levels to provide appropriate support to improve maternal and child nutrition is enhanced.

Result 2.2: A full package of nutrition-specific interventions is consistently integrated into basic health services at national and subnational levels (oblast, *rayon* and *jamoat*).

Result 2.3: Infant and young child feeding practices are improved.

Result 2.4: Micronutrient status of children 6 to 59 months of age is improved.

Result 2.5: Micronutrient status of women of reproductive age is improved.

Result 2.6: Severely acutely malnourished children are treated with the appropriate treatment within Tajikistan inpatient and outpatient health facilities.

Result 2.7: Rates of low birth weight are reduced and maintained.

Result 2.8: Rates of overweight in children 6 to 59 months of age are maintained below 5.9 percent, rates of overweight in adults are reduced by 20 percent, and rates of obesity in adults are reduced by 30 percent.

§ Strategic Objective 3

20. Improve the quality and coverage of nutrition-sensitive interventions. This strategic objective has subobjectives that are outlined for the various sectors.

21. Subobjective 3.1: Improve the quality and diversity of household diets in Tajikistan

Result 3.1.1: Tajikistan agriculture policy facilitates nutrition-sensitive programming.

Result 3.1.2: Knowledge of nutrition-sensitive agriculture is improved.

Result 3.1.3: Food products available on the market and in retail outlets meet national quality standards.

22. Subobjective 3.2: Reduce the incidence of infectious diseases amongst children 0 to 59 months and women 15 to 49 years of age

Result 3.2.1: Access to quality primary health care (family planning, antenatal care, postnatal care, integrated management of childhood illnesses) is increased for children 0 to 59 months and women 15 to 49 years of age.

Result 3.2.2: Availability of and access to quality drinking water is improved for children 6 to 59 months and women 15 to 49 years of age.

Result 3.2.3: Sanitation environment is improved.

Result 3.2.4: WASH-related policies facilitate nutrition-sensitive programming.

Result 3.2.5: Knowledge on nutrition-sensitive WASH is improved.

Result 3.2.6: Individual hygiene practices are improved.

23. Subobjective 3.3: Prioritise vulnerable households with pregnant and lactating women and children 0 to 59 months of age in social protection programmes

Result 3.3.1: Nutrition-sensitive components are included in the Tajikistan Social Protection Policy.

Result 3.3.2: Knowledge of social protection workers on nutrition is increased.

Result 3.3.3: Linkages to nutrition-specific and nutrition-sensitive services are established for vulnerable groups under social protection.

24. Subobjective 3.4: Enhance the nutritional status of school-age children through improved nutrition education

Result 3.4.1: Nutrition-sensitive components are included in Tajikistan Education Policy.

Result 3.4.2: Education sector staff's knowledge of nutrition is increased.

Result 3.4.3: The number of girls continuing education after receiving compulsory education is increased.

Result 3.4.4: Nutrition status of school-age children is enhanced by improved knowledge through nutrition education in kindergarten, primary and secondary schools.

Result 3.4.5: Health and nutritional status of school-age children is enhanced/protected by the provision of basic WASH services in kindergartens, primary schools and secondary schools.

§ Strategic Objective 4

25. Establish a mechanism for the ongoing collection, analysis and comparison of nutrition information from multiple sectors.

Result 4.1: All sectors collect, analyse and report on the relevant nutrition-related indicators required to report on the progress of Strategic Objectives 2 and 3.

Result 4.2: A multisectoral nutrition information platform/system is established or integrated into the existing system for the collection, analysis, comparison, compilation and reporting of nutrition-specific and nutrition-sensitive indicators from the different sectors.

Result 4.3: Regular progress reports (annual, midterm and final) are produced, which outline progress on nutrition indicators made across and within sectors.

Result 4.4: Capacity-development needs in monitoring, evaluation and reporting are defined.

4. Actions Required for the Realisation of the Plan

26. The strategy will be realised in line with the targets, actions and basic strategic axes of other ministerial strategies, including agriculture, education, health and social protection.

27. To achieve the goal and objectives of this Plan, the following actions are required:

- Validation by the Government of Tajikistan of this strategic document.
- Determination of governance arrangements for the implementation of the Plan (see annex).
- Organisational and coordination aspects of interested parties (including the issuing of an order for the contribution of the relevant ministries and departments in the development of the multisectoral plan).
- Development of a detailed action plan by which the results listed above will be achieved (by oblast and district).
- Full costing of the action plan.
- Stable financing and planning.

5. Monitoring and Evaluation of the Progress and Realisation of the Plan

28. In order to effectively monitor and evaluate the realisation of the strategy, it will be necessary to identify a central mechanism for data collection and analysis from the different sectors implicated, relating to progress of the various strategic axes of the Plan.

29. A detailed M&E framework will be developed to track the progress and assess realisation of the Plan. Some indicators have already been outlined in the Common Results Framework and in an outline of an M&E framework in the annex of this document, and now there is a need for the establishment of baselines and end-line targets for each of the relevant ministries/departments.

30. The M&E of strategy will be the responsibility of the SUN multi-stakeholder platform, led by the MOHSPP, together with the Ministry of Economy Development and Trade and other participating ministries.

31. The MOHSPP is in charge of following normative regulations in ensuring quality of products and services for nutrition-specific interventions.

32. The Ministry of Education and Science, together with the MOHSPP, is in charge of following normative regulations in ensuring quality of products and services for organisation of school feeding.

33. The TajikStandard Agency is responsible for technical regulation and other technical norms of the food / food production sector.

34. Local government bodies, in line with the authority given, are responsible for providing necessary data for monitoring and for reporting on progress of plans, as well as providing other information for monitoring purposes.

6. Steps in Implementation of the Plan

35. Actions to achieve the Plan by 2025 in the RT fall under the following stages:

36. First stage (2020–2021): Consolidate/describe governance, accountability, management and coordination mechanisms for the Plan:

- Integrate relevant nutrition targets into ministries' respective plans and policies.

- Conduct an analysis of capacity-building needs (at all levels) to build capacity in nutrition across ministries and departments (an initial capacity assessment was conducted by MQSUN⁺ and is included as an annex to this document).
 - Based on the detailed implementation plan given in the annex for each strategic objective and result, develop a subnational implementation plan which includes management, coordination, financing and M&E arrangements.
 - Conduct a full costing of the implementation plan.
 - Define a financial framework and potential funding mechanisms for nutrition, as well as mechanisms to track both on-budget and off-budget spending on nutrition.
37. Second stage (2020–2025): Execute the Plan through the funding (by both government and partners) and rollout of defined activities to improve nutritional status across Tajikistan according to the implementation plan agreed by sector and by region.

7. Expected Results from Implementation of the Plan

38. A multisectoral nutrition plan for the RT which addresses all the nutritional issues identified in section 2 through both nutrition-specific and nutrition-sensitive interventions.
39. Improved maternal and child nutrition status in the RT (as assessed through a Micronutrient Survey, Demographic Health Survey, Multiple Indicator Survey, etc.):
- Stunting in children 0 to 59 months of age in the RT is reduced by 30 percent by end of 2025.
 - Wasting in children 6 to 59 months of age in the RT is consistently maintained at below 5 percent.
 - Micronutrient deficiencies (including vitamin A, iodine, iron-deficiency anaemia) in children 6 to 59 months and women 15 to 49 years of age are reduced.

- There is no increase in childhood overweight in the RT from 5.9 percent; overweight in adults is reduced by 20 percent; and obesity in adults is reduced by 30 percent.

Annex 1
Approved by the Order of
the Government of the Republic of Tajikistan
as of 25th of February 2021, No.25

Multisectoral Plan of Action for Nutrition Republic of Tajikistan 2021- 2025

No.	Activity	Responsible Agency	Time Frame	Financial Source
<u>Strategic Objective 1: Create an enabling political environment for improving nutrition in Tajikistan</u>				
1.	Integrate relevant actions from the Plan into oblast and <i>rayon</i> policy and planning via sectors at subnational levels (oblast, <i>rayon</i> , <i>jamoat</i>).	Ministry of Health and Social Protection of the Population; Ministry of Education and Science; Ministry of Agriculture; Ministry of Energy and Water Resources; Ministry of Economic Development and Trade; Ministry of Industry and New Technologies; Agency for Social Protection; TojikStandard Agency, Communal State Services	2021	No financing required
2.	Conduct a full costing of the Plan.	Ministry of Health and Social Protection of the Population; Ministry of Economic Development and Trade	By end 2021	Support by funds from development partners

3.	Engage donors to complement government spending according to the priorities identified in the nutrition plan.	Ministry of Health and Social Protection of the Population; Ministry of Economic Development and Trade	By end 2021	No financing required
4.	Create a financial reporting system which documents all resources committed/spent on nutrition-specific and nutrition-sensitive interventions (both government and donor funds).	Ministry of Health and Social Protection of the Population; Ministry of Economic Development and Trade	2021	No financing required
5.	Ensure nutrition coordination mechanisms at national and subnational levels (oblast, <i>rayon</i> , <i>jamoat</i>) which include designated representatives (Nutrition Focal Points) from agencies and ministries	Ministry of Health and Social Protection of the Population	2021	No financing required
6	Conduct coordination meetings on /bimonthly basis (all levels).	Ministry of Health and Social Protection of the Population	2021-2025	No financing required
7	Create linkages / communication channels between convenors and sectoral counterparts at national and oblast levels.	Ministry of Health and Social Protection of the Population	2021	No financing required
8	Ensure consistent guidance and information sharing between the multi-stakeholder platform and subnational-level coordination mechanisms, including awareness-raising messaging, behaviour change communication materials, specific guidelines and collection of data for reporting on indicators.	Ministry of Health and Social Protection of the Population	2021-2025	No financing required
Strategic Objective 2: Improve the quality and coverage of nutrition-specific interventions				
9.	Conduct an assessment of the nutrition workforce and capacity of the health sector at all levels: - Policy and management.	Ministry of Health and Social Protection of the Population	2021	Support by funds from development partners

	<ul style="list-style-type: none"> - Staff at inpatient and outpatient health care facilities; - Community-based health workers and volunteers (to supervise / carry out nutrition-specific interventions at the national and subnational levels). 			
10	<p>Identify the competencies required to provide the appropriate support to improve maternal and child nutrition:</p> <ul style="list-style-type: none"> - Technical, management. - Leadership. - Coordination. - Implementation. - Logistics. 	Ministry of Health and Social Protection of the Population	2021	Support by funds from development partners
11.	Elaborate on training needs and develop a full training plan and a competency framework for nutrition.	Ministry of Health and Social Protection of the Population	2021	Support by funds from development partners
12	<p>Develop a universal nutrition training package for primary health care workers, including Training of Trainers and a full set of modules:</p> <ul style="list-style-type: none"> • Introduction to nutrition-specific actions. • Maternal diet during pregnancy and lactation. • Micronutrient deficiencies. • Zinc and oral rehydration salts. • Infant and young child feeding (IYCF). • Integrated Management of Acute Malnutrition (IMAM). 	Ministry of Health and Social Protection of the Population	2021	Support by funds from development partners

13.	Conduct two 7-day Training of Trainers	Ministry of Health and Social Protection of the Population	2021 - 2023	Support by funds from development partners
14.	Rollout of training modules to provide in-service training for all cadres of health care professionals at all levels.	Ministry of Health and Social Protection of the Population	2021	Support by funds from development partners
15.	Ensure training to new cadres of workers, including periodic refresher trainings for existing staff.	Ministry of Health and Social Protection of the Population		Support by funds from development partners
16.	Determine any additional nutrition-related positions required or adjustments to existing post-holder job descriptions, as well as the scope of work at the different levels (national, oblast, <i>rayon</i> and <i>jamoat</i>).	Ministry of Health and Social Protection of the Population	By end 2021	Within the budget of MoHSPP
17.	Establish a unit under the Republican Centre of Nutrition of Ministry of Health and Social Protection of the Population dedicated to the oversight of nutrition-specific activities.	Ministry of Health and Social Protection of the Population	2021	Within the budget of MoHSPP
18.	Develop curricula for post-secondary nutrition training (e.g. Diploma in Public Health Nutrition).	Ministries of Health and Social Protection of the Population, education and sciences, industry and new technology	2021- 2025	Support by funds from development partners
19.	Train three Masters of Nutrition students per year on regional/international courses.	Ministries of Health and Social Protection of the Population, education and sciences, industry and new technology	2021-2025	Support by funds from development partners

20	<p>Produce a detailed outline of the minimum expected package of nutrition-specific interventions to be implemented throughout health facilities. This should cover:</p> <ul style="list-style-type: none"> • Counselling on maternal diet during pregnancy and lactation • Promotion of dietary diversity • Prevention and treatment of micronutrient deficiencies • Deworming • Zinc and oral rehydration salts for the treatment of diarrhoea • IYCF • IMAM • Growth monitoring • Prevention and management of overweight and obesity 	Ministry of Health and Social Protection of the Population	2021-2025	No financing required
21.	Conduct a full review and, where necessary, develop/update existing guidelines on each nutrition-specific topic to be in line with most recent World Health Organization (WHO) guidelines and National Health Strategy 2030.	Ministry of Health and Social Protection of the Population	2021-2025	Support by funds from development partners
22.	Monitor the dissemination and integration of a package of nutrition-specific interventions for all oblast, <i>rayon</i> and <i>jamoat</i> levels.	Ministry of Health and Social Protection of the Population	2021	Support by funds from development partners
23.	Produce/adapt and disseminate clear guidance, tools and materials for promotion of optimal IYCF practices. This should include:	Ministry of Health and Social Protection of the Population	2021-2025	Support by funds from development partners

	<ul style="list-style-type: none"> • Dissemination and implementation of the government of Tajikistan’s First 1,000 Golden Days communication programme. • Enforcement of the International Code of Marketing of Breast-milk Substitutes; improvement of maternity protection in the workplace; scaling up of the Baby-Friendly Hospital Initiative and familiarity of hospitals and other health facilities with, and their application of, the 10 Steps to Successful Breastfeeding.ⁱⁱⁱ • Early initiation of breastfeeding within 60 minutes of birth and the use of colostrum. • Exclusive breastfeeding to 6 months of age. • Guidance on feeding pre-term / low birthweight infants. • Continued breastfeeding up to 24 months of age. • Maternal nutrition and health during lactation. • Updated WHO guidance on infant feeding in the context of HIV. • Guidance on feeding with breastmilk substitutes. • Optimal complementary feeding for children 6 to 23 months of age with continued breastfeeding to 2 years of age and beyond, including reference to: <ul style="list-style-type: none"> ○ Guiding principles for the complementary feeding of the breastfed child (World Health Assembly / United Nations Children’s Fund Executive Board 2002). 			
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	<ul style="list-style-type: none"> ○ Guiding principles of the complementary feeding of non-breastfed children 6 to 23 months of age (WHO 2005). ○ First foods. ○ Guidance on frequency, adequacy, diversity, safety and consistency of feeds, responsive feeding and snacks for different age groups 6 to 8 months, 9 to 11 months, 12 to 23 months of age. ● Optimal care of sick children. ● Improvement in health worker knowledge on key practices to support IYCF. ● Improvement in health worker skills in counselling mothers and caregivers to support optimal breastfeeding and complementary feeding. ● Monitoring and tracking of progress. ● Essential hygiene actions, including use of sanitary latrines, safe disposal of child faeces, handwashing with soap at critical moments and safe disposal of child’s faeces, safety of food storage and food preparation, environmental hygiene. ● Information on food safety, including use of existing Tajik materials, ‘The Five Keys of Food Safety’. 			
24.	<p>Increase quality and coverage of existing micronutrient supplementation interventions (vitamin A, micronutrient powder) through provision of training of health workers on vitamin A and micronutrient powder supplementation. Update and disseminate guidance on</p>	<p>Ministries of Health and Social Protection of the Population, education and science, industry and new technology, Agency of Social</p>	<p>2020 -2021</p>	<p>Support by funds from development partners</p>

	vitamin A and micronutrient powder supplementation to all health facilities.	Protection, Food security committee, communal service		
25.	Increase quality and coverage of existing micronutrient supplementation interventions (vitamin A, micronutrient powder) through provision of training of health workers on vitamin A and micronutrient powder supplementation	Ministry of Health and Social Protection of the Population	2020 -2021	Support by funds from development partners
26.	Increase coverage of deworming interventions as appropriate. Review and revise national deworming guidance. Produce and disseminate promotional materials.	Ministry of Health and Social Protection of the Population	2021-2025	Support by funds from development partners
27	Promote production and consumption of locally available micronutrient rich foods (vitamin A and iron).	Ministries of Health and Social Protection of the Population, education and science, industry and new technology, agriculture; TOJIKSTANDARD, Food Security committee, civil society and private sector	2020 onwards	Support by funds from development partners
28	Promote and increase consumption of locally available vitamin A–rich foods, such as yellow and orange fleshed fruits (e.g. apricots, persimmons), vegetables (carrots, pumpkins, red and yellow peppers, green leafy vegetables) and liver. This includes production of promotional leaflets, TV and radio broadcasts, training of health workers.	Ministries of Health and Social Protection of the Population, education and science, industry and new technology, agriculture; TOJIKSTANDARD, Food Security committee, civil society and private sector	2020 onwards	Support by funds from development partners
29	Develop national standards and guidelines for supplementation of iron and folic acid and their implementation at primary health care institutions.	Ministry of Health and Social Protection of the Population	2021	Support by funds from development partners

30	Promote folic acid through the Civil Registration Offices / <i>jamoats</i> to the married-to-be couples.	Ministry of Health and Social Protection of the Population	2021-2025	Funding within the budget from MoHSPP
31	<p>Provide intermittent iron / folic acid supplementation of women of reproductive age through primary health care facilities.</p> <p>Promote intermittent iron and folic acid supplementation, recommended for menstruating women living in settings where prevalence of anaemia is 20% or higher, as is the case in Tajikistan. Before commencing supplementation, accurate measurement of maternal blood haemoglobin (Hb) concentration is needed to confirm absence of anaemia.</p>	Ministry of Health and Social Protection of the Population	2021-2025	Support by funds from development partners
32	<p>Ensure daily supplementation of pregnant women as early as possible in, and for the duration of, pregnancy with 30-60 mg and 0.4mg folic acid (combined with iron). If anaemia in pregnant women is at least 40%, a daily dose of 60 mg of elemental iron is preferred over a lower dose. If a woman is diagnosed with anaemia during pregnancy, her daily elemental iron should be increased to 120 mg until her Hb concentration rises to normal (Hb 110 g/L or higher) (34, 51). Thereafter, WHO standard should be followed</p> <p>the standard daily antenatal iron dose to prevent recurrence of anaemia.</p>	Ministry of Health and Social Protection of the Population	2020 onwards	Support by funds from development partners
33	Provide treatment of anaemia (Hb <110g/L) in pregnant women with 120 mg elemental iron and 0.4 mg of folic acid until concentration rises to normal.	Ministry of Health and Social Protection of the Population	2021-2025	Support by funds from development partners

34	Promote consumption of locally available folate-rich foods: dark leafy green vegetables, pulses, nuts and seeds, citrus fruits.	Ministry of Health and Social Protection of the Population; Ministry of Agriculture; Ministry of Economic Development and Trade	2021-2025	Support by funds from development partners
35	Ensure availability of and promote use of adequately iodised salt (>15 parts per million [ppm]) and raise awareness of consumer rights. This includes: <ul style="list-style-type: none"> • Strengthening of salt iodisation within national action plan on food fortification. • National coverage assessment. • Production of promotional materials and TV/radio promotion. • Decree on exemptions of taxes / import duties for potassium iodate. 	Ministries of Health and Social Protection of the Population; Industry and New Technologies; Internal Affairs, Education and Science; Anticorruption Agency; Committees of TV and radio, food security, mass media	2020 onwards	Support by funds from development partners
36.	Improving of legislation of the Republic of Tajikistan on food safety	Ministries of Health and Social Protection of the Population	2021-2025	No financing required
37.	Create a revolving fund for the centralised supply of potassium iodate for operating salt producers. This includes: <ul style="list-style-type: none"> • Approval of the creation of a revolving fund. • Establishment of a financial plan/mechanism for the revolving fund. 	Ministries of Health and Social Protection of the Population; Industry and New Technologies; State Unitary Enterprise Khurokvori	2021-2025	Financing within the sectoral budget
38.	Regulation of production, distribution and monitoring of fortified food	Ministries of Health and Social Protection of the Population; Industry and New Technologies	2021-2025	Financing within the sectoral budget
39.	Strengthen the capacity of regulatory agencies	Ministry of Health and Social Protection of the Population TOJKSTANDARD Agency	2021	Support by funds from development partners

40	<p>Enact the national law on the fortification of food products. This includes:</p> <ul style="list-style-type: none"> • Approval of technical specifications for all food vehicles and micronutrient premixes. • Approval of National Food Fortification Programme. • Reduction of taxes and duties for premix and fortification equipment. • Inclusion of essential minerals and vitamins into the list of essential drugs. • Ensuring fortification equipment is available at all private-sector companies which should be fortifying their products. • Building capacity of private-sector companies in fortification. • Creating a label for fortified food. • Producing Food Fortification Manuals for private-sector companies. 	<p>Ministry of Health and Social Protection of the Population; Ministry of Industry and New Technologies; TOJIKSTANDARD Agency</p>	2020 onwards	Funding from private sector
41.	<p>Establish an M&E system for measuring the effectiveness of the food fortification programme and ensuring compliance.</p> <p>Ensure at least one fortification laboratory is available at the national level for inspection of fortified food.</p>	<p>Ministry of Health and Social Protection of the Population; TOJIKSTANDARD Agency</p>	2020 onwards	Funding from private sector
42.	<p>Scale up the Integrate Management of Acute Malnutrition (IMAM) Programme in high-burden districts to achieve 100% coverage by end 2025. This includes:</p> <ul style="list-style-type: none"> • Capacity-building of outpatient facility-based staff in outpatient treatment of severe acute malnutrition 	<p>Ministries of Health and Social Protection of the Population, agriculture, Food Security Committee, microfinance banks,</p>	2021-2025	Support by funds from development partners

	<p>and capacity building of facility-based staff in inpatient management of complicated severe acute malnutrition.</p> <ul style="list-style-type: none"> • Development and dissemination of IMAM training modules and guidelines. • Regular review of Tajikistan IMAM protocol. 	civil society, mass media, mobile companies		
43	<p>Provide community screening, selection and referral for cases of severe acute malnutrition.</p> <p>Train Health Workers at the facility and community levels on identification, screening and referral of cases of acute malnutrition.</p>	Ministry of Health and Social Protection of the Population	2021- 2025	No financing required
44.	<p>Implement growth monitoring as per WHO Growth Standard.</p> <p>Train health workers (preservice and in-service) on growth monitoring.</p>	Ministry of Health and Social Protection of the Population	2021- 2025	Support by funds from development partners
45.	<p>Ensure anthropometric equipment at health facilities are in working condition and that staff are trained and aware of accuracy checks.</p> <p>Ensure, at a minimum, all health centres, provincial, district and city hospitals have two height/length measuring boards, two digital weighing scales, one to two boxes of mid-upper arm circumference (MUAC) tapes.</p>	Ministry of Health and Social Protection of the Population	2021 -2025	Support by funds from development partners
46	<p>Link families with an acutely malnourished member to Social Protection services.</p> <p>Help health centres develop/improve links with social services and, where appropriate, refer families with an</p>	Ministry of Health and Social Protection of the Population	2021-2025	Financing within the sectoral budget

	acutely malnourished child for social protection support.			
47.	Include adequate nutritional support to children with acute malnutrition targeted through social protection programmes.	Ministry of Health and Social Protection of the Population	2021-2025	Support by funds from development partners
48.	Educate adolescent girls about the importance of a balanced diet and increased nutritional requirements of pregnancy. Train Ministry of Education staff and primary and secondary school teachers to educate adolescent girls on importance of diet during pregnancy. Develop educational materials for schools.	Ministry of Health and Social Protection of the Population; Ministry of Science and Education, Committees of women affairs, TV and radio, other mass media	2021 -2025	Support by funds from development partners
49.	Provide counselling for pregnant women on increased nutritional requirements of pregnancy and on breastfeeding. This includes: <ul style="list-style-type: none"> • Reviewing and updating national protocol. • Training of health workers. • Producing promotional materials and TV/radio campaigns. 	Ministry of Health and Social Protection of the Population	2021-2025	No financing required
50.	Include messages in Healthy Lifestyles campaign on increased nutrition requirements in pregnancy.	Ministry of Health and Social Protection of the Population	2021 - 2025 onwards	Support by funds from development partners
51.	Implement the Obesity Prevention and Healthy Eating Programme for the Republic of Tajikistan (RT), 2019–2024: <ul style="list-style-type: none"> - Develop and disseminate national guidelines. 	Ministries of Health and Social Protection of the Population, education and science, industry and new technology	2021-2025	Support by funds from development partners

	<ul style="list-style-type: none"> - Produce advocacy and communication materials. - Train health workers. - Produce and disseminate promotional materials/campaigns. 			
<u>Strategic Objective 3: Improve the quality and coverage of nutrition-sensitive interventions</u>				
52.	<p>Include nutrition-sensitive targets and activities in the RT Food Security Programme.-This includes:</p> <ul style="list-style-type: none"> • Goals relating to the improvement of nutritional status and dietary diversity. • Targets and indicators on consumption and dietary diversity. • Interventions to improve nutritional status of children under 5 years of age and pregnant and lactating women. 	Ministry of Health and Social Protection of the Population, Food Security Committee	2021-2025	Support by funds from development partners
53.	<p>Include nutrition-sensitive goals, indicators and activities in updated RT agriculture programmes and policies (Horticulture and Viticulture, Seed Breeding Programme, Livestock Rearing Programme, Pasture Development Programme).</p>	Ministry of Health and Social Protection of the Population; Ministry of Agriculture	2021-2025	No financing required
54.	<p>Systematically integrate nutrition objectives and indicators into Food Security interventions. This includes:</p> <ul style="list-style-type: none"> • Dietary diversity scores. • Reduction of overweight and obesity. • Stunting reduction targets. • Wasting reduction. • Reduction of micronutrient deficiencies. 	Ministry of Health and Social Protection of the Population; Ministry of Agriculture	2021-2025	No financing required

55.	<p>Monitor access to and consumption of safe, affordable, diverse and nutritious foods.</p> <p>The Food Security Programme M&E system includes indicators and collects data on dietary diversity, food consumption, food safety and food prices.</p>	<p>Ministry of Agriculture; Food Security Committee, TOJKSTANDARD Agency, civil society and consultants</p>	2021-2025	No financing required
56.	<p>Commit to human resource capacity development in nutrition-sensitive agriculture. This includes:</p> <ul style="list-style-type: none"> • Development of training resources. • Workshops and training programmes. 	<p>Ministry of Health and Social Protection of Population, Food Security Committee</p>	2021	Support by funds from development partners
57	<p>Develop and disseminate nutrition-sensitive training resource and information materials. This should include:</p> <ul style="list-style-type: none"> • Definition of malnutrition, plus causes and consequences of malnutrition. • Tajikistan's nutrition goals. • 1,000 days window of opportunity. • Pathways to improved nutrition. • Nutrition promotion and education. • Targeting of nutritionally vulnerable groups. • Food diversification. • Food safety. • Post-harvest food storage and handling. • Food processing and preservation. • Maintenance/improvement of the natural resource base. • Women in agriculture (empowerment, workload, income-generation opportunities, credit). • Delivery of nutrition messages through agriculture extension. 	<p>Ministries of Agriculture, health and social protection of population, Committee of TB and radio, civil society, mobile companies</p>	2021	Support by funds from development partners

58.	Ensure workshops/training on nutrition-sensitive agricultural programming for the Ministry of Agriculture staff are conducted at national, province and district levels, including training of ‘master trainers’ and training of agriculture-sector staff.	Ministry of Agriculture	2022–2025	Support by funds from development partners
59	Ensure agriculture extension workers are trained and have resources (including information, education and communication [IEC] materials) to conduct trainings and demonstrations to promote diversified homestead gardening, small livestock production and nutrition topics.	Ministry of Agriculture	2021–2025	Support by funds from development partners
60	Scale up implementation of existing (Food Security Programme) homestead gardening and small-scale livestock, fisheries and poultry rearing, at the household level or collectively at the village level, to increase the availability of diverse, safe and nutritious food, including micronutrient-rich crops and animal-source proteins.	Ministry of Agriculture	2022–2025	Support by funds from development partners
61.	Through the implementation of the sectoral programme, enforce the necessary conditions and measures to ensure the safety of food, from production and import to consumption, for: <ul style="list-style-type: none"> • Meat and meat products. • Cereals, roots and tubers. • Dairy and dairy products. • Fruit and fruit products and Vegetables and vegetable products. 	Ministries of Industry and New Technologies, economic development and trade, Food Security Committee, TOJKISTANDARD Agency	2021-2025	Financing not required
62.	Increase coverage of government- and development partner-supported programmes on access to safe	State communal Service, Ministry of Health and Social Protection of the	2021 2025	Support by funds from

	<p>drinking water (e.g. WHO Water Safety Plan, Oxfam, Aga Khan, US Agency for International Development, etc.) water, sanitation and hygiene (WASH) programmes. Targets include the following:</p> <ul style="list-style-type: none"> - 100% of the population has access to safe drinking water by 2030 (government goals on safe water provision). - Distance to collect water is <1km. - 100% of the population has access to safe storage facilities and equipment by 2025. - Habit of drinking water from unprotected sources is eliminated by 2025. - There is reduction of diarrhoeal disease amongst children 6 to 59 months of age. 	Population, Anti-corruption committee		development partners
63.	Improve access to sanitation facilities for all (environmental hygiene, toilets and safe disposal of child faeces).	Ministry of Health and Social Protection of the Population; Ministry of Energy and Water Resources; Committee on Television and Radio	2021 -2025	Support by funds from development partners
64.	Improve access by all to handwashing facilities.	Ministry of Health and Social Protection of the Population; Ministry of Energy and Water Resources; Committee on Television and Radio	2022	Support by funds from development partners
65.	Improve solid waste disposal and management for all.	Ministry of Health and Social Protection of the Population; Ministry of Energy and Water Resources; Committee on Television and Radio	2022	Support by funds from development partners
66.	Implement Tajikistan WASH Policies.	Ministry of Health and Social Protection of the Population;	2022	Financing not required

	<ul style="list-style-type: none"> – Ensure agencies responsible for water/sanitation policy strategy and programme recognise the importance of these activities in the improvement of nutrition and health status. – Raise awareness on the important role of improvements to water and sanitation as a pathway to improved nutritional status. 	Ministry of Energy and Water Resources; State communal services		
67.	Integrate nutrition objective and indicators for stunting, wasting targets into WASH programme. Improve access by nutritionally vulnerable groups to drinking water and adequate sanitation.	Ministries of Health and Social Protection of the Population, energy and water resources, education and science, civil society, mass media	2021-2025	Financing not required
68.	Monitor access to safe water, sanitation facilities and hygiene. Indicators include: <ul style="list-style-type: none"> • Diarrhoea prevalence. • Handwashing locations with soap and water available. • Access to improved water sources. • Hygienic disposal of child faeces. • Separation of livestock and human living spaces. 	Ministry of Health and Social Protection of the Population; Centre for State Control on Health and Social Protection of the Ministry of Health and Social Protection of the Population; Ministry of Energy and Water Resources, State Communal Services, civil society, mass media	2021-2025	Financing not required
69.	Commit to human resource capacity development in nutrition-sensitive WASH programmes; develop and roll out training package and manual, plus training of extension workers. This should include: <ul style="list-style-type: none"> • Definition of malnutrition, plus causes and consequences of malnutrition. • Tajikistan’s nutrition goals. • 1,000 days window of opportunity. 	Ministry of Health and Social Protection of the Population, education and science, Committee of women affairs and family, civil societies, mass media	2021	Support by funds from development partners

	<ul style="list-style-type: none"> • Pathways to improved nutrition. • Nutrition promotion and education. • Targeting of nutritionally vulnerable groups. • Water-/sanitation-related pathways to undernutrition. • Actions to improve water-/sanitation-related nutrition outcomes. • Women and water/sanitation. • Inclusion of health and nutrition goals in water and sanitation policy and programming. • Nutrition promotion in water and sanitation programming. 			
70.	Develop and disseminate nutrition-sensitive WASH training resource and information.	Ministry of Energy and Water Resources; State Communal Services	2021-2025	Support by funds from development partners
71.	<p>Improve individual hygiene practices in the following areas:</p> <ul style="list-style-type: none"> - Practice of correct handwashing with soap and water at critical times. - Food hygiene practices. - Safe disposal of child faeces. - Safe disposal of solid waste. - Separation of livestock/domestic animals from cooking areas and play areas. 	<p>Ministry of Health and Social Protection of the Population; Ministry of Energy and Water Resources; Committee on Television and Radio; local authorities, civil society.</p>	2021-2025	Support by funds from development partners

72.	<p>Develop and disseminate nutrition-sensitive training resource and information materials. This should include:</p> <ul style="list-style-type: none"> • Definition of malnutrition, plus causes and consequences of malnutrition. • Tajikistan’s nutrition goals. • 1,000 Days window of opportunity. • Pathways to improved nutrition. • Nutrition promotion and education. • Targeting of nutritionally vulnerable groups. • Targeting and protection of most vulnerable groups to prevent malnutrition. • Empowerment of women. • Inclusion of health and nutrition goals in social protection policy and programmes. • Nutrition promotion within social protection programming. 	Ministry of Health and Social Protection of the Population	2021-2025	Support by funds from development partners
73.	<p>Target vulnerable populations (pregnant and lactating women and children under 60 months of age) for nutrition interventions, especially during emergencies or disasters—including vaccination campaigns and micronutrient campaigns, targeting of IEC materials/activities, balanced food basket, emergency stocks and nutrition programmes and services.</p>	Ministry of Health and Social Protection of the Population;	2021-2025	Support by funds from development partners
74.	<p>Systematically integrate nutrition objectives and indicators in Tajikistan Education Strategy. This includes:</p>	Ministry of Education and Science; Ministry of Health and Social Protection of the Population	2021-2025	Financing not required

75.	Commit to human resource capacity development (teachers and parents) in nutrition education.	Ministry of Education and Science; Ministry of Health and Social Protection of the Population	2021-2025	Support by funds from development partners
76.	<p>Develop and disseminate nutrition-sensitive training resource and information materials for education specialists and teaching staff.</p> <p>Train and raise awareness of education/teaching staff at national, oblast and <i>rayon</i> levels on the importance of nutrition, nutrition targets and indicators, as well as means of improving nutrition through education. This should include:</p> <ul style="list-style-type: none"> • Definition of malnutrition, plus causes and consequences of malnutrition. • Tajikistan's nutrition goals. • 1,000 days window of opportunity. • Food groups. • Dietary diversity and food choices. • Prevention of micronutrient deficiencies. • Prevention of overweight/obesity. • Essential hygiene actions. • Improvement of nutrition status through educational activities. 	Ministry of Education and Science; Ministry of Health and Social Protection of the Population, local authorities, civil society	2021-2025	Support by funds from development partners
77.	Monitor access by adolescent girls to secondary education as part of the ongoing Education Strategy and School Feeding Strategy.	Ministry of Education and Science	2021-2025	Financing within education sector

78.	<p>Add nutrition topics to relevant curriculum components for kindergarten, primary and secondary pupils. This should include:</p> <ul style="list-style-type: none"> • Types of malnutrition. • Nutrition through the life cycle. • Food groups, dietary diversity and food choice. • Prevention of micronutrient deficiencies. • Prevention of overweight/obesity. • Essential hygiene actions. 	Ministry of Education and Science	2022–2025	Support by funds from development partners
79.	Integrate nutrition messaging around dietary diversity, healthy eating and prevention of overweight and obesity into school feeding programmes.	Ministry of Education and Science; Ministry of Health and Social Protection of the Population	2022	Support by funds from development partners
80	Implement WASH in schools and provide basic services in terms of water availability, toilets and handwashing facilities.	Ministry of Education and Science	2021–2025	Financing not required
81.	Ensure agreement by each sector on nutrition targets and indicators (based on those proposed in the sectoral action-plan chapters).	Ministry of Health and Social Protection of the Population; Ministry of Education and Science; Ministry of Agriculture; Ministry of Energy and Water Resources; Ministry of Economic Development and Trade; Ministry of Finance; Ministry of Industry and New Technologies; Agency for Social Protection;	2021	No financing required

		TOJIKSTANDARD Agency State Communal Services		
82.	Conduct a review of current inclusion/coverage of nutrition in sector information systems, including at the subnational level.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of the RT	2021	No financing required
83.	Ensure each sector identifies means for the regular collection and analysis of defined nutrition indicators and, where possible, identify opportunities to use/adapt existing systems and tools.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2022	No financing required
84.	Identify opportunities for joint monitoring between sectors where possible.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2022	No financing required
85.	Develop/adapt software/formats currently used to integrate nutrition data collection (each sector).	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2022	Support by funds from development partners
86.	Conduct awareness raising and capacity building around the inclusion of nutrition data in sectoral information systems.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021-2025	Support by funds from development partners
87.	Build capacity in each sector to conduct a regular review of the progress towards targets based on the information collected.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021 -2025	Support by funds from development partners
88.	Develop a multisectoral M&E Framework	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021	Support by funds from development partners

89.	Define and develop a mechanism/system (existing or new) which can serve as a platform for the collection, compilation, analysis and comparison of nutrition-related data from all the sectors.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021	Support by funds from development partners
90.	Establish a mechanism for each sector to report on progress of nutrition-related indicators to the multisectoral nutrition information system.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021	No financing required
91.	Define an overall reporting format to be used to report on the achievement of indicators agreed by all sectors in the Plan.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021	No financing required
92.	Define a format for annual reporting by sector on the achievement of nutrition indicators.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021	No financing required
93.	Plan joint M&E training, supervision and activities.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021	No financing required
94.	Publish regular sectoral monitoring reports.	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021	No financing required

95.	Include an analysis of capacity-development needs in monitoring, evaluation and reporting in the Capacity Assessment	Ministry of Health and Social Protection of the Population; Agency on Statistics under President of RT	2021	Support by funds from development partners
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