Fighting Hunger Worldwide

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Standard Project Report 2015

World Food Programme in Tajikistan, Republic of (TJ)

Support for Tuberculosis Patients and their Families

Reporting period: 1 January - 31 December 2015

Project Information	
Project Number	200173
Project Category	Development Project
Overall Planned Beneficiaries	171,800
Planned Beneficiaries in 2015	27,000
Total Beneficiaries in 2015	25,405

Key Project Dates	
Project Approval Date	November 11, 2010
Planned Start Date	January 01, 2011
Actual Start Date	January 01, 2011
Project End Date	March 31, 2016
Financial Closure Date	N/A

Approved budget in USD	
Food and Related Costs	10,152,773
Capacity Dev.t and Augmentation	N/A
Direct Support Costs	1,616,546
Cash-Based Transfers and Related Costs	N/A
Indirect Support Costs	823,852
Total	**12,593,172**

Commodities	Metric Tonnes
Planned Commodities in 2015	2,236
Actual Commodities 2015	1,422
Total Approved Commodities	17,903

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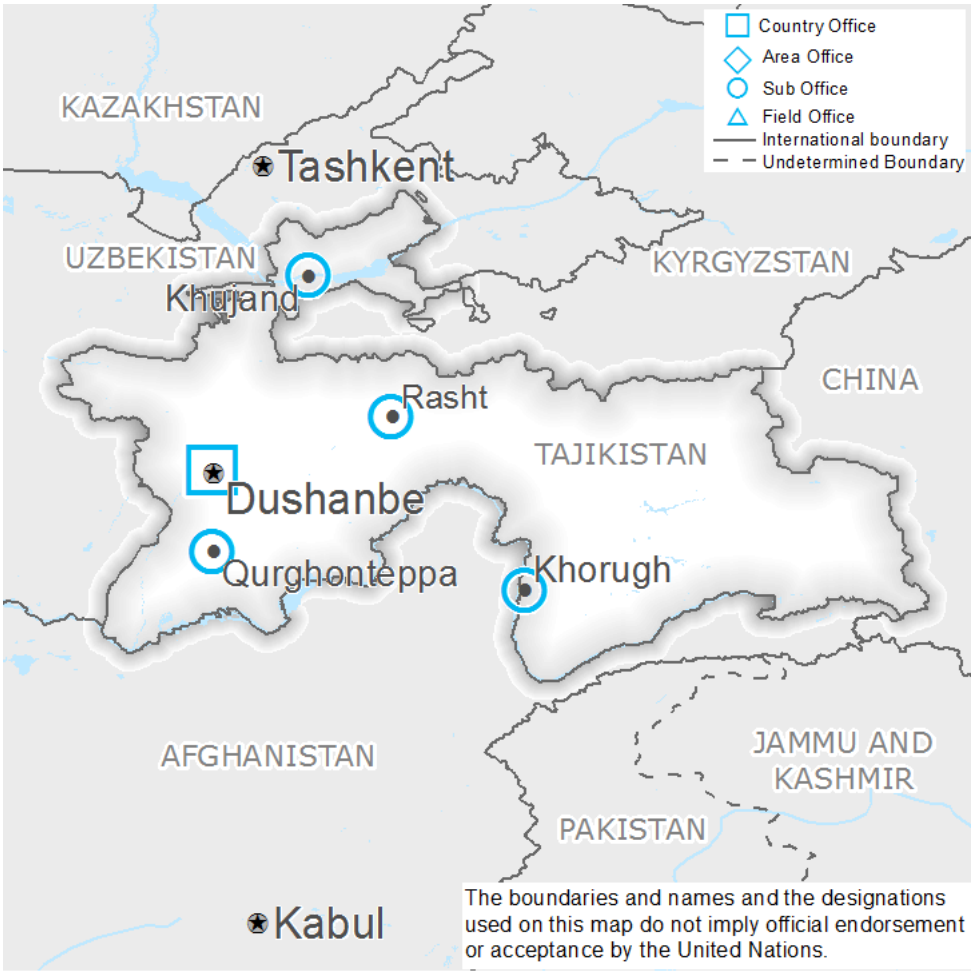
COUNTRY OVERVIEW



Country Background

Tajikistan is a landlocked country with a population of 8.2 million, ranking 129 out of 188 countries in the 2014 Human Development Index. Despite decreasing levels of poverty since 2009 and achieving lower-middle income status in 2015, Tajikistan remains the poorest country in the Europe and Central Asia (ECA) region. It is highly vulnerable to both external and internal shocks, and economic forecasts undermine short and medium term development and poverty reduction prospects. Income received from remittances of migrant labourers, mainly men working mostly in the Russian Federation, has been valued by the World Bank to account for almost 50 percent of Tajikistan's gross domestic product (GDP). This significant source of income is currently at risk due to the recent regional economic downturn and subsequent devaluation of the Russian rouble. Tajikistan is a food-deficit country and, according to the Tajikistan Wheat Flour Fortification Assessment conducted by the Global Alliance for Improved Nutrition (GAIN) in 2014, it imports half of the wheat consumed, which constitutes 70 percent of the average daily calorie intake. This results in the poorest being disproportionately affected by food price fluctuations. Tajikistan is classified as the country most vulnerable to climatic change in the ECA, and is prone to various natural disasters such as earthquakes, landslides, mudflows and floods.

According to the latest Demographic Health Survey conducted in 2012, Tajikistan has the worst nutrition indicators in Central Asia with 26 percent of children under 5 stunted (chronic malnutrition) and 10 percent wasted (acute malnutrition). One major contributor is poor infant and young child feeding practices with only 20 percent of children receiving proper feeding, including breastfeeding, in terms of food diversity and frequency. Acutely malnourished children are mostly coming from poor households, and disparities between rural and urban areas are significant.

WHO 2014 Tuberculosis (TB) Profile estimated that Tajikistan has the sixth highest incidence of TB in the ECA region. The TB-related burden of illness is especially high in food insecure, rural areas of Tajikistan. Patients are often returnee migrants. The impact is twofold: loss of main income source, and increased health risk of spreading the disease to other family members.

Tajikistan is ranked 69 out of 155 countries on the 2014 Gender Inequality Index. While the law guarantees equality of men and women in all spheres including land relations, women face difficulties in exercising their rights and in accessing the labour market. As a result they are disproportionally affected by poverty as they are overrepresented in the lower paid informal agriculture sector.

A final evaluation of the country's results against the Millennium Development Goals (MDGs) has not yet been conducted, however, progress seems uneven. Following the 2016-2020 United Nations Development Assistance Framework (UNDAF) document, which was developed in the second half of 2015 and has the latest available overview on the MDGs, Tajikistan appears to be on track to meet its poverty, education, environmental sustainability and global partnership MDGs, while health and gender goals are unlikely to be met. Infant, child and maternal mortality have been reducing, but more slowly than required. Primary school enrolment is almost universal, however, attendance is not regular, particularly in winter when infrastructural problems related to transport, electricity and heating in schools make this difficult. Tajikistan has not only not achieved its target toward MDG 1, of halving the proportion of people suffering from undernourishment, but has in fact reversed progress with recorded results for the percentage of the population undernourished increasing from 28 (1990-1992) to 33 percent (2014-2015).

Summary Of WFP Assistance

In 2015, WFP implemented four different operations extending its support to over 550,000 beneficiaries through relief, recovery and development assistance.

WFP implemented two development projects to support the country's social protection system. The school feeding programme (DEV 200120) aimed to increase access to education and social protection of children living in rural food insecure areas; while DEV 200173 provided a social safety net to TB patients and their families, who often come from the poorest and most vulnerable households in Tajikistan.

A protracted relief and recovery operation (PRRO 200122) which was launched in the aftermath of the global financial crisis in 2008, focused on restoring and improving livelihoods for the most food insecure and vulnerable rural populations. The PRRO included an emergency response and preparedness component; food assistance for assets (FFA) activities, which aimed to increase the access of targeted communities to productive assets; and assistance to malnourished children under five years of age. Emergency preparedness was also supported by a separate trust fund focusing on capacity building for WFP and both central and local counterparts, including NGOs and government authorities and agencies, on emergency logistics, telecommunication and programme design and management.

In August, WFP launched a three-month immediate response emergency operation (IR-EMOP 200897) to provide food assistance to people who were affected by devastating mudflows in Gorno-Badakhshan and in the Rasht Valley.

WFP's biannual Food Security Monitoring System (FSMS) household survey was conducted this year in collaboration with UNICEF, investigating child health and schooling practices along with household food security. WFP continued to lead the Integrated Food Security Phase Classification (IPC) analysis in coordination with FAO, strengthening local government and partners' capacity to analyse food insecurity and plan responses.

WFP's activities contributed to the food security, social protection and resilience goals of the UNDAF (2010-2015); supported MDG 1, eradicate extreme poverty and hunger, MDG 2, achieve universal primary education, and MDG 3, promote gender equality and empower women; and the objectives of the Zero Hunger Challenge.

Beneficiaries	Male	Female	Total
Children (under 5 years)	4,713	4,606	9,319
Children (5-18 years)	183,605	175,601	359,206
Adults (18 years plus)	30,965	37,258	68,223
Total number of beneficiaries in 2015	**219,283**	**217,465**	**436,748**

Distribution (mt)						
Project Type	**Cereals**	**Oil**	**Pulses**	**Mix**	**Other**	**Total**
Development Project	8,050	448	699	0	186	9,383
Single Country IR-EMOP	230	8	24	0	3	265
Single Country PRRO	619	27	58	36	9	749
Total Food Distributed in 2015	**8,899**	**482**	**781**	**36**	**198**	**10,397**

OPERATIONAL SPR

Operational Objectives and Relevance

TB re-emerged as a serious public health threat following the collapse of the former Soviet Union in 1991, and remains a significant burden in Tajikistan. According to WHO, the estimated incidence of TB was 91 cases per 100,000 people in 2014: the sixth highest level in the ECA.

TB patients are among the lowest income earners in the country, usually owning limited assets in the way of livestock or land and living in disaster-prone and food insecure areas. Often contracting TB during periods of migrant labour in the Russian Federation or Kazakhstan, upon their return to Tajikistan additional pressure is placed on household expenditure, while the disease can be spread to family members. Frequently, as soon as patients feel better and often before completion of their treatment, they migrate again to find job opportunities. This can partly account for the high rates of multi-drug resistant (MDR) TB in country.

As a critical safety net for TB patients and their families, and to increase completion and recovery rates of treatment, WFP continued the provision of assistance to TB patients registered in the Directly Observed Therapy Strategy (DOTS) programme in all districts. This activity supports WFP Strategic Objective 4, to reduce undernutrition and break the intergenerational cycle of hunger.

This project was launched upon request from the Ministry of Health and has become crucial in Tajikistan's commitment to attain the goals set under the National Tuberculosis Programme 2010-2015. The project is further aligned with the National Health Strategy 2010-2020, the National Strategic Plan for Tuberculosis Control 2015-2020, the National Development Strategy 2010-2015, and the Living Standards Improvement Strategy of Tajikistan 2013-2015.

Results

Beneficiaries, Targeting and Distribution

In Tajikistan, TB patients registered in the DOTS programme were provided with food assistance in the form of take-home entitlements for six months, the duration of the treatment cycle. Patients' families received WFP support as a safety net during these six months to compensate for the loss of income-earning potential. WFP provided basic food entitlements of 72 kg of fortified wheat flour, 2.7 kg of fortified vegetable oil, 7.2 kg of pulses and 900 g of iodised salt on a bimonthly basis. This covered 80 percent of the required caloric needs of TB patients and two family members, while the other 20 percent was expected to be covered by the families. Assistance was conditional on participation in treatment; if the patient were to drop out of the treatment, assistance to both the family and patient ceased. This condition strengthened patients' motivation to complete the treatment and incentivised family members to support the treatment.

TB patients were mainly adult males from poor food insecure families who had migrated abroad to work. These beneficiaries were often the sole breadwinners in the household and, consequently, many lived in substandard conditions, compounded by their contraction of TB. According to 2014 data from the National TB Centre, the disease affected principally the young and most economically active cohort of the population: more than two thirds of all new TB cases were aged between 15 and 44 years.

Due to a pipeline break from June to August, beneficiaries receiving treatment received reduced entitlements, hence the total food distributed was lower than planned. Instead of providing the planned entitlements for 180 days, WFP was able to deliver full food entitlements for 60 to 80 days only, depending on available stocks in the different locations.

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total Beneficiaries	14,850	12,150	27,000	13,310	12,095	25,405	89.6%	99.5%	94.1%

Table 1: Overview of Project Beneficiary Information									
Beneficiary Category	**Planned**			**Actual**			**% Actual v. Planned**		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
By Age-group:									
Children (under 5 years)	297	243	540	239	231	470	80.5%	95.1%	87.0%
Children (5-18 years)	891	729	1,620	851	749	1,600	95.5%	102.7%	98.8%
Adults (18 years plus)	13,662	11,178	24,840	12,220	11,115	23,335	89.4%	99.4%	93.9%
By Residence status:									
Residents	14,850	12,150	27,000	13,312	12,093	25,405	89.6%	99.5%	94.1%

Table 2: Beneficiaries by Activity and Modality									
Activity	**Planned**			**Actual**			**% Actual v. Planned**		
	Food	**CBT**	**Total**	**Food**	**CBT**	**Total**	**Food**	**CBT**	**Total**
HIV/TB: Mitigation&Safety Nets	27,000	-	27,000	25,405	-	25,405	94.1%	-	94.1%

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)									
Beneficiary Category	**Planned**			**Actual**			**% Actual v. Planned**		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
HIV/TB: Mitigation&Safety Nets									
TB Clients receiving food assistance	5,760	3,240	9,000	4,578	3,892	8,470	79.5%	120.1%	94.1%
Total participants	**5,760**	**3,240**	**9,000**	**4,578**	**3,892**	**8,470**	**79.5%**	**120.1%**	**94.1%**
Total beneficiaries	**14,850**	**12,150**	**27,000**	**13,310**	**12,095**	**25,405**	**89.6%**	**99.5%**	**94.1%**

The total number of beneficiaries includes all targeted persons who were provided with WFP food/cash/vouchers during the reporting period - either as a recipient/participant or from a household food ration distributed to one of these recipients/participants.

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Iodised Salt	24	15	63.5%
Split Peas	194	124	63.8%
Vegetable Oil	73	47	63.9%
Wheat Flour	1,944	1,236	63.6%
Total	**2,236**	**1,422**	**63.6%**

Story Worth Telling

Umiyai, a young 15 year old girl from Panjakent, was in the ninth grade of secondary school when she contracted TB. Having nursed her mother through this illnesss just one month earlier, Umiyai knew all too well what to anticipate, and she was frightened of the pain and anxiety that lay ahead.

Umiyai's mother, 36 year old Sanavbar, had been sick for a month before she was diagnosed as having TB. With tears in her eyes as she told her story, Umiyai said, “I had pain in my stomach and the coughing disturbed me a lot.

I was hoping my sickness was not like my mum's." Unfortunately, she was also diagnosed as having TB and was registered together with her mother to receive Directly Observed Therapy Strategy (DOTS) treatment provided free of charge and food assistance with support from WFP.

Sanavbar and Umiyai were registered in May to receive their intensive treatment in Sughd Oblast TB Hospital, and started to receive treatment in a local health center as outpatients.

Sanavbar said, "Thanks to WFP, we are getting healed and receiving free medicine and enough food for the children." Her father Bahrom migrated to Russia for work and his family, as many others in Tajikistan, has been relying on his remittances to buy food. However, with the recent economic downturn in Russia, he had been struggling to earn enough money to send home.

WFP has supported Sanavbar and Umiya throughout their hard journey. Since their registration they have received two WFP household food entitlements consisting of fortified wheat flour, vegetable oil, pulses, and iodised salt which they consumed together with Umayai's five siblings. WFP food assistance was a powerful incentive for them to stay with the DOTS programme through to completion. Looking at Sanavabar and Umiya today, you would never know that they almost succumbed to a disease that continues to kill millions of people each year.

Progress Towards Gender Equality

Slightly more men than women are affected by TB; according to 2014 National Tuberculosis Center (NTBC) statistics, 55 percent of new cases of TB registered are men.

In terms of project management, committees made of TB centres personnel and family members of TB patients, including a large representation of women, were actively involved in preparation of beneficiary lists, notification of beneficiaries on the dates of food distributions and participating in the food distribution process.

As specified in agreements, cooperating partners (CPs) were committed to collecting, analysing and reporting on gender-disaggregated data. Care was taken to ensure equal participation of men and women on the food distribution committees. Due to the weight of food to be carried and the long distances to walk, women did not always receive household food entitlements at distribution points, and efforts were made to establish more final delivery points to minimise walking distances. Despite these challenges, WFP ensured that every woman received her food entitlements.

About half of the leadership positions in food committees were occupied by women, who participated in all relevant decision-making processes related to project implementation. The food committees comprised of family members of TB clients.

The household decision-making indicator showed that both men and women were involved in jointly making decisions over the use of entitlements in almost half of all households surveyed, while only one out of ten of those surveyed reported men taking these decisions independently of female household members. Improvement in joint decision making could be attributed to the support WFP provided in establishing committees where females were included, had an active role, and could find a forum where to dialogue with men about management of resources. It is likely that this experience has been reflected in some of the beneficiary households.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	>50.00	39.00		48.50
Proportion of households where females make decisions over the use of cash, voucher or food				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	<25.00	49.20		39.50

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where males make decisions over the use of cash, voucher or food				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	<25.00	11.70		11.00
Proportion of women beneficiaries in leadership positions of project management committees				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	>50.00	47.00		47.00
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	>60.00	52.00		58.00

Protection and Accountability to Affected Populations

In March, WFP established a complaints and feedback mechanism to enable beneficiaries to contact and report back to WFP in case of any issues related to the programme. At each distribution site, WFP and CPs displayed relevant contact details, as well as information pertaining to entitlements. This resulted in an increased proportion of beneficiaries knowing the composition of their entitlement and where to complain.

Beyond protection principles embedded in all programme activities, the safety, security and dignity of beneficiaries remain of particular concern during design and implementation. The last post-distribution monitoring (PDM) survey, which was conducted remotely through telephone calls in November, indicated that neither female nor male beneficiaries reported any safety problems travelling to, from or at WFP programme sites, usually the TB centres in the district capitals. These results were in line with expectations since in recent years no major security incidents were reported for these activities. Results have been cross-checked with other involved stakeholders including CPs and local authorities, and are thought to be credible.

WFP will continue to enhance its complaints and feedback mechanisms through different communication channels, supplying beneficiaries with information about the programme and criteria for beneficiary selection.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	=90.00	49.20		96.00
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	=100.00	100.00		100.00
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	=90.00	56.50		97.00

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	=100.00	100.00		100.00
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.11 , **Latest Follow-up**: 2015.11*	=90.00	50.60		96.00
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Base value**: 2014.12 , **Latest Follow-up**: 2015.11*	=100.00	100.00		100.00

Outputs

WFP provided entitlements to TB outpatients registered in the DOTS programme in all 66 districts of the country. In addition to individual food assistance, each TB patient received a two-person family entitlement.

WFP support was multi-purpose: firstly, it helped patients to absorb DOTS treatment drugs. Secondly, it provided a measure of financial and food security to the families of TB patients, who had often been deprived of their primary income earner.

WFP supported two technical assistance activities related to building knowledge on the link between TB disease and food security.

A secondary data review of effectiveness of incentives to patients with TB was conducted in collaboration with the NTBC. In order to strengthen the analysis, the secondary data review was integrated with primary data collection. This confirmed that, as the majority of TB patients were unemployed and from low-income households, food support played an essential role in TB treatment as a powerful incentive to TB patients to complete their treatment cycle.

The Ministry of Health and Social Protection and the Republican TB Control Centre, with the support of WFP, worked to adapt the generic nutrition assessment, counseling and support (NACS) guidelines into a practical guidance manual, 'Planning and implementation of food and nutrition support as part of treatment, care and support programmes for patients with TB'. This manual summarised the biological, behavioural and contextual rationale for food and nutrition interventions as part of TB prevention, treatment, care and support programmes, and how these interventions could be implemented in a variety of settings. The guidance, issued by the Republican TB Control Centre with support by the Ministry of Health and Social Protection and WFP, will serve as a reference document for all CPs working in TB treatment in Tajikistan.

Output	Unit	Planned	Actual	% Actual vs. Planned
SO4: Capacity Development - Strengthening National Capacities				
Number of technical assistance activities provided	activity	2	2	100.0
SO4: HIV/TB: Mitigation&Safety; Nets				
Number of health centres/sites assisted	centre/site	66	66	100.0

Outcomes

The NTBC 2014 treatment success rate of TB cases showed high effectiveness of treatment during the recent years at about 88 percent among all new cases. Factors that contributed to this level of effectiveness included streamlining the regulatory framework, technical guidance and service capacities for TB case management,

ensuring uninterrupted supply of quality treatment drugs and effective drug management, provision of appropriate patient support for adherence to treatment, ensuring proper treatment monitoring, management of adverse drug reactions and infection, and support to the operations of TB treatment institutions.

Due to a pipeline break in mid-2015, WFP was able to conduct pre-distribution and PDM surveys only in October and November once food arrived in country. Due to societal stigmas toward TB, WFP conducted face-to-face pre-distribution monitoring at the TB centres, while PDM was conducted remotely through telephone calls. PDM results confirmed the proportion of households with acceptable Food Consumption Scores (FCS) had significantly increased since October. While a decreasing trend for poor FCS was observed for the whole group, when disaggregating by the gender of the head of household, the proportion of poor and borderline FSC among households headed by women was lower than that of households headed by men. Contributing factors to the improvement of food security for beneficiaries, besides WFP's assistance, were an increase in income generation opportunities between April and November, associated with improved food availability from the winter harvest, improved seasonal availability of vegetables and fruit, and seasonal remittances. Interviews with beneficiaries confirmed that the programme helped them to mitigate the socio-economic costs associated with TB by reducing the financial barriers to diagnosis and treatment.

According to WFP's food security monitoring campaign conducted in April, food security was found to have improved, and most of the food insecure areas classified at the beginning of the year through the IPC as in crisis shifted to moderately food insecure status.

Upon introduction of corporate guidance on the National Capacity Index for nutrition, WFP will begin data collection on this indicator in 2016.

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				
FCS: percentage of households with poor Food Consumption Score				
*TAJIKISTAN , **Project End Target**: 2016.03 PDM , **Base value**: 2015.10 WFP programme monitoring Pre distribution monitoring , **Latest Follow-up**: 2015.11 WFP programme monitoring PDM*	<2.44	12.20	-	6.00
FCS: percentage of households with borderline Food Consumption Score				
*TAJIKISTAN , **Project End Target**: 2016.03 PDM , **Base value**: 2015.10 WFP programme monitoring Pre distribution monitoring , **Latest Follow-up**: 2015.11 WFP programme monitoring PDM*	<5.12	25.60	-	12.00
FCS: percentage of households with poor Food Consumption Score (female-headed)				
*TAJIKISTAN , **Project End Target**: 2016.03 PDM , **Base value**: 2015.10 WFP programme monitoring Pre distribution monitoring , **Latest Follow-up**: 2015.11 WFP programme monitoring PDM*	<2.20	11.00	-	0.00
FCS: percentage of households with poor Food Consumption Score (male-headed)				
*TAJIKISTAN , **Project End Target**: 2016.03 PDM , **Base value**: 2015.10 WFP programme monitoring Pre distribution monitoring , **Latest Follow-up**: 2015.11 WFP programme monitoring PDM*	<3.80	19.00	-	8.00
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
*TAJIKISTAN , **Project End Target**: 2016.03 PDM , **Base value**: 2015.10 WFP programme monitoring Pre distribution monitoring , **Latest Follow-up**: 2015.11 WFP programme monitoring PDM*	<6.54	32.70	-	10.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
*TAJIKISTAN , **Project End Target**: 2016.03 , **Base value**: 2015.10 WFP programme monitoring Pre distribution monitoring , **Latest Follow-up**: 2015.11 WFP programme monitoring PDM*	<4.72	23.60	-	13.00
Project-specific				
TB Treatment Success Rate (%)				
*TAJIKISTAN , **Project End Target**: 2016.03 NTBC data , **Base value**: 2009.12 Secondary data NTBC data , **Previous Follow-up**: 2014.12 Secondary data NTBC data*	>87.00	88.00	88.50	-

Sustainability, Capacity Development and Handover

Following a successful handover of WFP's assistance to TB inpatients in January, in agreement with the government, WFP began preparation of a gradual handover of outpatient assistance to the NTBC. The handover is planned to be completed by 2021.

WFP was actively engaged in policy formulation and strategy design, and recently supported the government in the TB National Strategic Plan (2015-2020) development process. Food and nutrition support for TB patients was recognised as one of the national priority actions. WFP has been requested to collect evidence in country on the impact of food assistance on treatment adherence. The results are anticipate to contribute to increased awareness and commitment of key stakeholders in the area of food and cash assistance under the TB response in Tajikistan.

The lack of guidance on nutritional care and support was identified as a gap in TB treatment in the TB National Strategic Plan for 2015-2020. The TB National Strategic Plan highlights the importance of developing guidelines to provide timely support to TB patients during their treatment, especially to those who are malnourished. WFP took the lead and, together with NTBC and other relevant CPs, in the fourth quarter started to develop national guidelines on NACS for patients with TB and HIV. These guidelines are expected to be finalised and endorsed by the relevant authorities in 2016 and will provide principles and recommendations for management of malnutrition and maintenance of improved nutritional status of patients with TB and HIV as part of routine care. The guidelines will help health workers providing care to people with TB and HIV and can be used by a wider audience, including policy makers and technical advisers, staff managing national TB and HIV programmes and NGOs that deliver TB and HIV services. It is anticipated to be a useful tool for scaling up TB and HIV prevention, diagnosis and treatment, including adherence to and completion of therapy.

Inputs

Resource Inputs

The project was funded through a cash contribution received from the Russian Federation. The development of the national NACS guidelines was supported through a dedicated trust fund.

WFP provided food assistance, while local and international partners and other United Nations agencies provided financial, policy and technical assistance and contributed drugs and medical supplies. WFP cooperating partners were further involved in advocacy, reconstruction of health infrastructure, social mobilisation and research.

Donor	2015 Resourced (mt)		2015 Shipped/Purchased (mt)
	In-Kind	Cash	
Russian Federation	0	1,360	0

Donor	2015 Resourced (mt)		2015 Shipped/Purchased (mt)
	In-Kind	Cash	
Total	**0**	**1,360**	**0**

See Annex: Resource Inputs from Donors for breakdown by commodity and contribution reference number

Food Purchases and In-Kind Receipts

Fortified wheat flour was purchased regionally in Kazakhstan and the Russian Federation, thus contributing to the regional economy. Other commodities were purchased in 2014.

Commodities	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Wheat Flour	0	214	955	0
Total	**0**	**214**	**955**	**0**

Food Transport, Delivery and Handling

Food commodities were delivered in a timely and efficient manner. In general, internationally purchased food, namely pulses and fortified vegetable oil, resourced in 2014, was transported by rail from the Baltic Sea port of Riga, more than 4,700 km from WFP warehouses in Tajikistan, with an average lead time of three to four weeks to arrive at destination.

Regionally purchased food commodities were delivered by suppliers to railway stations in Dushanbe and Khujand, and then transported in country by truck. WFP Tajikistan maintained three warehouses (Dushanbe, Khujand and Khorog), with storage capacity of over 5,000 mt, and food was pre-positioned in remote mountainous regions before the onset of winter, as these areas are inaccessible until the spring.

Post-Delivery Losses

Post-delivery losses were minimal due to the effective food handling practices by CPs. Losses by CPs during distribution at final distribution points were also negligible. In order to minimise losses, WFP conducted a training on food storage and handling for all CPs and WFP staff in all regions of Tajikistan.

Management

Partnerships

WFP's programme was implemented jointly with the NTBC and the NGO Project HOPE, which were responsible for distributing WFP food assistance to TB patients and their family members through the country's TB centres. WFP collaborated with UNDP (the principal recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria) and WHO in advocating for more resources to fight TB in Tajikistan. Together with these United Nations agencies, WFP was an active member of the Health Working Group under the Human Development Cluster of the national Development Coordination Council (DCC), which has been established to facilitate information exchange and collaboration within the development community, as well as foster dialogue on shared priorities with the government. WFP was a member of the national TB technical working group, and collaborated with the Country Coordination Mechanism (CCM) to channel the funds of the Global Fund.

Within these joint efforts, TB clients and their family members received DOTS treatment and food assistance. In addition to WFP assistance, local and international NGOs provided social and psychological support to facilitate treatment adherence of TB patients.

Partnership	NGO		Red Cross and Red Crescent Movement	UN/IO
	National	International		
Total		1		2

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Latest Follow-up**: 2015.11*	=20,000,000.00	20,000,000.00
Number of partner organizations that provide complementary inputs and services		
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Latest Follow-up**: 2015.11*	=4.00	4.00
Proportion of project activities implemented with the engagement of complementary partners		
*TAJIKISTAN, HIV/TB: Mitigation&Safety Nets , **Project End Target**: 2016.03 , **Latest Follow-up**: 2015.11*	=100.00	100.00

Lessons Learned

Tajikistan remains heavily dependent on external donors in financing key TB control activities, including supply of drugs, laboratory equipment, consumables and social support, in addition to supporting essential NTBC functions such as training and supervision. In view of the fact that external funding support is decreasing with time, there is an urgent need to ensure a substantial and rapid increase in government financing of these components, especially of complex and costly TB management interventions. In line with the NTBC request, WFP collected evidence in country on the impact of food assistance on treatment adherence. The preliminary results of the study indicated that food assistance provided to TB patients and their family members could improve outpatient treatment, thus justifying their need to continue the provision of this assistance. Food assistance was found to have reduced the side effects of TB drugs, increased the nutritional status and endurance of TB patients and potentially contributed to preventing TB drug resistance. The study will be finalised in 2016 and used to advocate for increased awareness and commitment of key stakeholders in the area of food assistance and cash-based transfers within the TB response in Tajikistan.

Government ownership of the TB programme is essential to ensure the sustainability of the TB response. In this regard, under a new Country Programme planned for 2016-2020, WFP's support to NTBC will focus on putting in place the regulatory, budgetary and operational frameworks for the government to finance, operate and manage the programme by 2021. WFP will conduct a feasibility study to look at the most cost-effective and efficient approach for handing over the programme to the government. The transfer of WFP beneficiaries to the NTBC is expected to start in the third year of the programme, when the government strategy foresees that the Ministry of Health and Social Protection will be able to cover the costs of first-line drugs for TB patients. By 2020, the NTBC will directly assist half of the original WFP planned beneficiaries and the entire programme will be handed over to the government by 2021.

Operational Statistics

Annex: Participants by Activity and Modality

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
HIV/TB: Mitigation&Safety Nets	9,000	-	9,000	8,470	-	8,470	94.1%	-	94.1%

Annex: Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
Russian Federation	RUS-C-00037-08	Wheat Flour	0	487	0
Russian Federation	RUS-C-00047-02	Wheat Flour	0	468	0
Russian Federation	RUS-C-00049-04	Split Peas	0	68	0
Russian Federation	RUS-C-00049-04	Wheat Flour	0	338	0
		Total	**0**	**1,360**	**0**