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INVESTING IN NUTRITION

Study Results from Tajikistan

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This report, commissioned by UNICEF Tajikistan under its joint work plan with the Ministry of Health and Social Protection of Population of the Republic of Tajikistan and conducted by Genesis Analytics, marks the culmination of a four-part study aimed at strengthening investment in nutrition in Tajikistan.

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ABBREVIATIONS

BCR	benefit-cost ratio
CBA	cost-benefit analysis
DALY	disability-adjusted life-year
DPs	development partners
FSA	fiscal space analysis
GDP	gross domestic product
GGE	General Government Expenditure
GOT	Government of Tajikistan
IMF	International Monetary Fund
LBW	low birth weight
MDAS	ministries, departments and agencies
MSPAN	Multisectoral Plan of Action for Nutrition
MTRS	Medium-Term Revenue Strategy
ODA	Official Development Assistance
PFM	Public finance management
SDG	Sustainable Development Goal
SUN	Scaling Up Nutrition
TJS	Tajikistan Somoni
TSA	Targeted Social Assistance
USD	United States dollar
WASH	water, sanitation and hygiene
WEO	World Economic Outlook
WHO	World Health Organization
WRA	women of reproductive age

EXECUTIVE SUMMARY

Background: Nutrition and its importance to ensure a productive and healthy population

Whilst some progress has been made resulting in a decline in malnutrition rates Tajikistan continues to face significant malnutrition challenges, with rates surpassing regional averages.[1] Factors such as food insecurity, poverty and limited access to health services contribute to the persistence of malnutrition, particularly among the vulnerable populations, such as women and children.[2]

Nutrition is a fundamental human right and a cornerstone for economic growth and development. In Tajikistan, improving nutrition is imperative for achieving sustainable development and economic prosperity. Malnutrition undermines productivity, impedes educational attainment, and perpetuates poverty, creating a significant economic burden on the country.[3] Research shows that every USD 1 of investment in nutrition can yield up to USD 16 in benefits across health and productivity.[4]

The Government of Tajikistan has developed a Multisectoral Plan of Action for Nutrition 2021–2025 (referred to as the Plan), aimed at addressing the multifaceted challenges arising out of malnutrition affecting women and children in the country.[5] The Plan sets ambitious objectives to reduce malnutrition rates, but its operationalization hinges on adequate funding and evidence-based decision-making.

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1 Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health and Social Protection of Population of the Republic of Tajikistan and ICF (2018). Tajikistan Demographic and Health Survey 2017. Available online: https://dhsprogram.com/pubs/pdf/ATR18/ATR18.pdf, accessed 16 January 2024; UNICEF, WHO and the World Bank (2023). Joint Child Malnutrition Estimates. Available online: https://data.unicef.org/topic/nutrition/malnutrition>, accessed 16 January 2024; UNICEF (2023). Global Database Women's Nutrition. Available online: https://data.unicef.org/topic/nutrition/womens-nutrition/, accessed 16 January 2024.

2 WHO (2019). Primary Health Care on the Road to Universal Health Coverage. Available online: https://iris.who.int/bitstream/handle/10665/344057/9789240004276-eng.pdf?sequence=2&isAllowed=y, accessed 6 October 2023; UNDP (2024). Briefing Note for Countries on the 2023 Multidimensional Poverty Index. Available online: https://ophi.org.uk/media/45190/download, accessed 27 March 2024.

3 Black, R.E., Victora, C.G., Walker, S.P., et al. (2013). 'Maternal and Child Undernutrition and Overweight in Low-income and Middle-income Countries', Lancet. 382(9890).

4 Global Nutrition Report (2015). Actions and Accountability to Advance Nutrition and Sustainable Development. Available online: https://globalnutritionreport.org/documents/13/english_15.pd>, accessed 27 March 2024.

5 Government of Tajikistan (2021). Multisectoral Plan of Action for Nutrition Republic of Tajikistan for 2021–2025, 2021. https://scalingupnutrition.org/sites/default/files/2023-07/MAPN%202021-2025.eng__0.pdf, accessed 17 January 2024.

However, up to this point, the Plan has not been costed. This absence of information regarding the required resources has impeded the operationalization of the strategy. It is expected that costing the Plan will provide evidence for the government and Development Partners (DPs) to guide them in the prioritization and coordination efforts effectively, thereby optimizing the utilization of available financial resources in pursuit of the desired goals.

To support the implementation of the Plan and the achievement of the SDGs of 2030, a four-part study has been conducted. This report presents the findings from the expenditure analysis to understand the historic spending on nutrition in Tajikistan, a costing of the Plan to determine the required future expenditure, a fiscal space analysis to identify the funding sources, and a cost of inaction assessment to highlight the consequences of not investing in nutrition.

Methods to review the organization of the Plan and its financing

The Plan's organization and financing were reviewed using international best practices and key informant interviews in Tajikistan.[6] Nutrition-related interventions in Tajikistan were classified using the Lancet's framework.[7] Government budget and expenditure data from 2018-2022, along with DPs expenditure data, were analysed. Two estimates for nutrition spending were derived: an upper bound that includes all related expenditures (maximum estimate, potentially overestimating), and a lower bound that focuses on direct, high-impact interventions (minimum estimate, potentially underestimating).

Findings: The nutrition financing landscape in Tajikistan

Tracking the exact expenditures linked to nutrition in Tajikistan is challenging due to the multisectoral nature of nutrition programming and the budget structure. Total expenditure on nutrition programmes by the Government and DPs was found to range from a lower bound (minimum spend) of TJS 13.1 (USD 1.2) to an upper bound (maximum spend) of TJS 60.2 (USD 5.5), constant per capita in 2022 (Figure 1).

Overall domestic and external expenditure on programmes influencing nutrition outcomes has seen only a marginal increase at best (in the upper bound) and, at worst, has decreased over the specified period (in the lower estimate).

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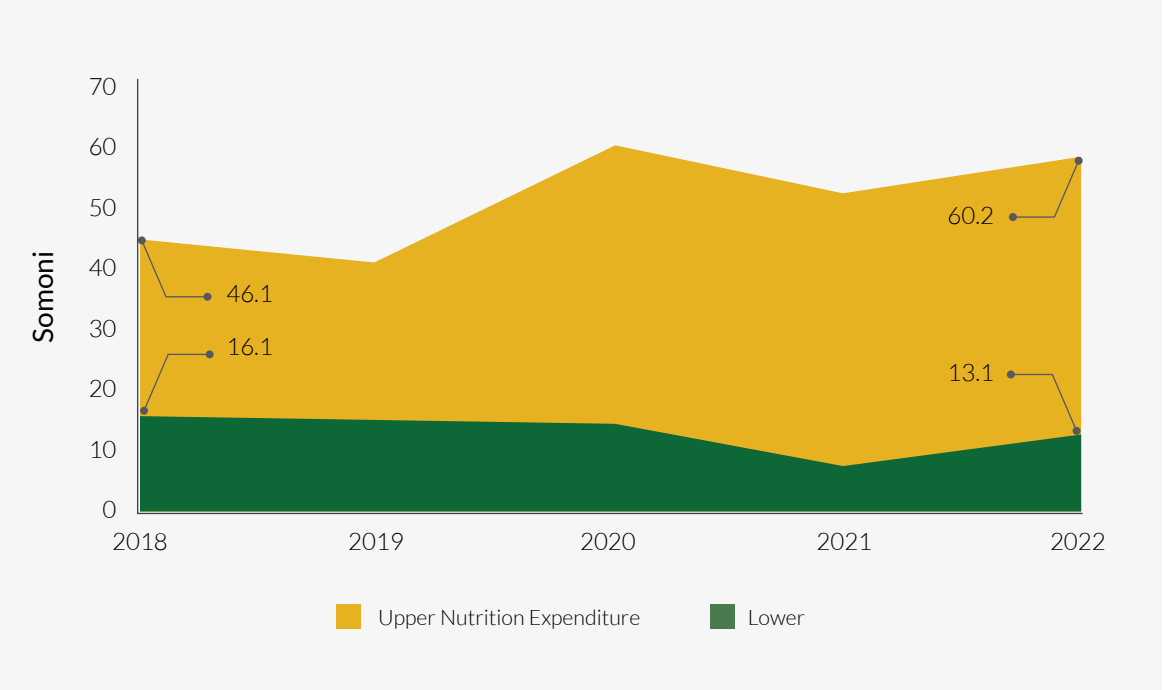
[6] MQSUN+. (2020). A toolkit on multisectoral planning for nutrition. PATH. Available online: https://mqsunplus.path.org/multisectoral-nutrition-planning-toolkit/, accessed 18 June 2024

[7] Keats, E.C., J.K. Das, R.A. Salam, et al. (2021). 'Effective interventions to address maternal and child malnutrition: an update of evidence', The Lancet Child & Adolescent Health5(5).

Figure 1: Total nutrition expenditure per capita by the government and DPs in Tajikistan (constant TJS, 2022 prices)



Understanding how much is being spent on nutrition is a critical first step, a comprehension of costs and impact are also required. Without strong evidence on the impact and costs of the Plan, these interventions may remain underfunded, the strategy not operationalized, and the strategic objectives and implementation targets may be at risk.

This linked with the findings from the review of the current Plan's organization, financing, and implementation. The Plan is a success for multi-sectoral planning for nutrition, the first of its kind in Tajikistan. It brings together nine sectors across government and DPs all working towards more than 90 common goals using a range of multi-sectoral interventions. However, the budget analysis revealed that the government does not explicitly allocate new funding for these interventions, with DPs predominantly supporting the majority of direct (nutrition-specific) interventions.

To improve the next generation of the Plan, consider the following recommendations:

- **Utilize costing and impact assessment information to prioritize** interventions for greater impact.
- **Use costing estimates to guide the financing of each intervention,** ensuring specific budget lines are associated with each one. This could involve creating new budget lines, introducing nutrition tagging, or developing existing budget lines with nutrition funds.

- **Clearly disaggregate the actions required for each intervention and delegate** responsibilities directly to stakeholders to enhance accountability and reporting.
- **Improve monitoring & evaluation** (M&E) so that performance across interventions can be more easily measured each quarter, identifying and resolving implementation challenges. This involves creating Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) indicators.

Methods to cost the Plan

To align the Plan with concrete actions, we matched its Action Points to specific interventions, comparing them with high-impact measures from sources like the Lancet review on maternal and child nutrition.[8] Therefore, based on the Plan and international good practice a package of interventions was developed, covering both direct and indirect nutrition programmes that influence nutrition outcomes. We then created hypothetical scenarios to evaluate the costs, impacts, and benefits of these interventions, focusing on how they should be scaled up to meet the Plan's objectives towards national and international goals. The assessment used a combination of the Lives Saved Tool and Excel-based models to estimate costs and impacts.

Table1: Interventions in the analysis by system

Intervention
Food/agriculture system
Folic acid fortification
Iron fortification
Zinc fortification
Salt iodization
Health system
Iron supplementation in pregnancy
Balanced energy supplementation
Promotion of breastfeeding
Provision of appropriate fortified complementary food for food-insecure populations
Vitamin A supplementation
Zinc supplementation
Oral rehydration solution
Antibiotics for treatment of dysentery
Zinc for treatment of diarrhoea
SAM – treatment for severe acute malnutrition

[8] Keats, E.C., J.K. Das, R.A. Salam, et al. Effective interventions to address maternal and child malnutrition: an update of evidence

Intervention
MAM – treatment for moderate acute malnutrition
Deworming
WASH system
Handwashing with soap
Hygienic disposal of children's stools
Safe drinking water
Education system
School feeding

Findings: How much will it cost to reach national nutrition targets?

A summary of the key results of the study is shown in Table 2. Over the 2024 to 2030 period, implementation of the Plan requires a total investment of approximately TJS 15.2 billion (around USD 1.4 billion).

In terms of productivity gains and valuation of the benefits in monetary terms, the cost–benefit ratio suggest that implementation of the Plan yields higher benefits compared to its costs. These monetary benefits result from disease and death averted from maternal and child causes, and from increased productivity due to averting anaemia in women of reproductive age (WRA), stunting reduction and disability avoided from iodine deficiency.

- Specifically, the Plan yields TJS 4.1 of economic return for every TJS 1 invested.
- The returns on investment grow even more compelling over time. Between 2024 and 2050, the return on investment climbs to TJS 5.8 for every TJS 1 spent.

Table 2: Summary of key results for the period 2024 to 2030, and BCR up to 2050 (in TJS)

Total cost (TJS)	Average cost per capita (TJS)	Additional child disability-adjusted life-years (DALYs) averted	Total additional child stunting cases averted	Total additional cases of anaemia in women of reproductive age	Benefit–cost ratio (2024 - 2030)	Benefit–cost ratio (2024 - 2050)
15.2 billion	**198**	**156,038**	**175,433**	**956,286**	**4.1**	**5.8**

Should the scaling up of investments for nutrition not be made, substantial economic benefits will be foregone. The Cost of Inaction measures the potential gain foregone by not investing in nutrition. Our estimate shows that not investing in the Plan could cost Tajikistan a staggering TJS 4.6 billion between 2024 and 2030. In other words, Tajikistan would miss out on over TJS 4 billion in benefits if action is not taken. Immediate action on nutrition is needed to capture these benefits and avoid this significant opportunity cost.

Fiscal space analysis: How to fund nutrition?

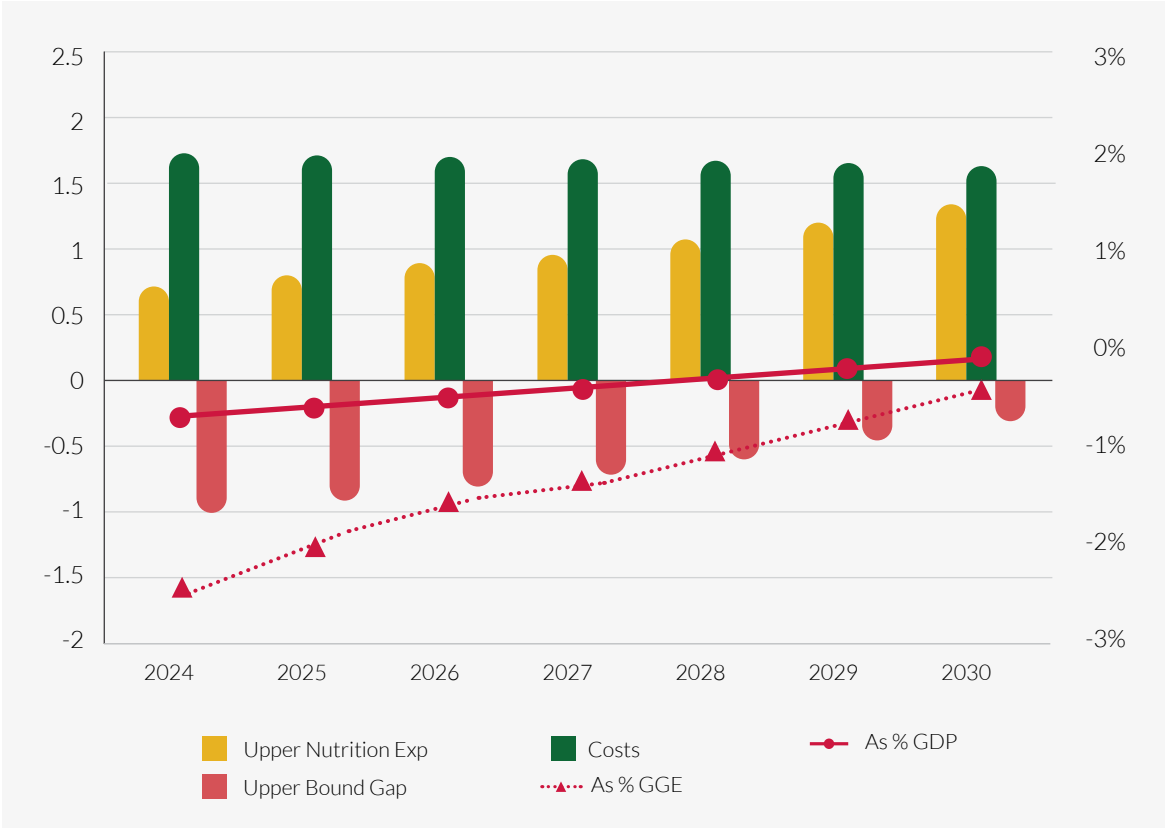
Fiscal space analysis (FSA) compares the projected available nutrition spending from public and external sources against the costs to determine the financing gap and thereafter attempts to identify potential sources of funds to cover this gap. The initial step of comparing the spending and costs is shown in **Figure 2.** The following can be concluded from our analysis:

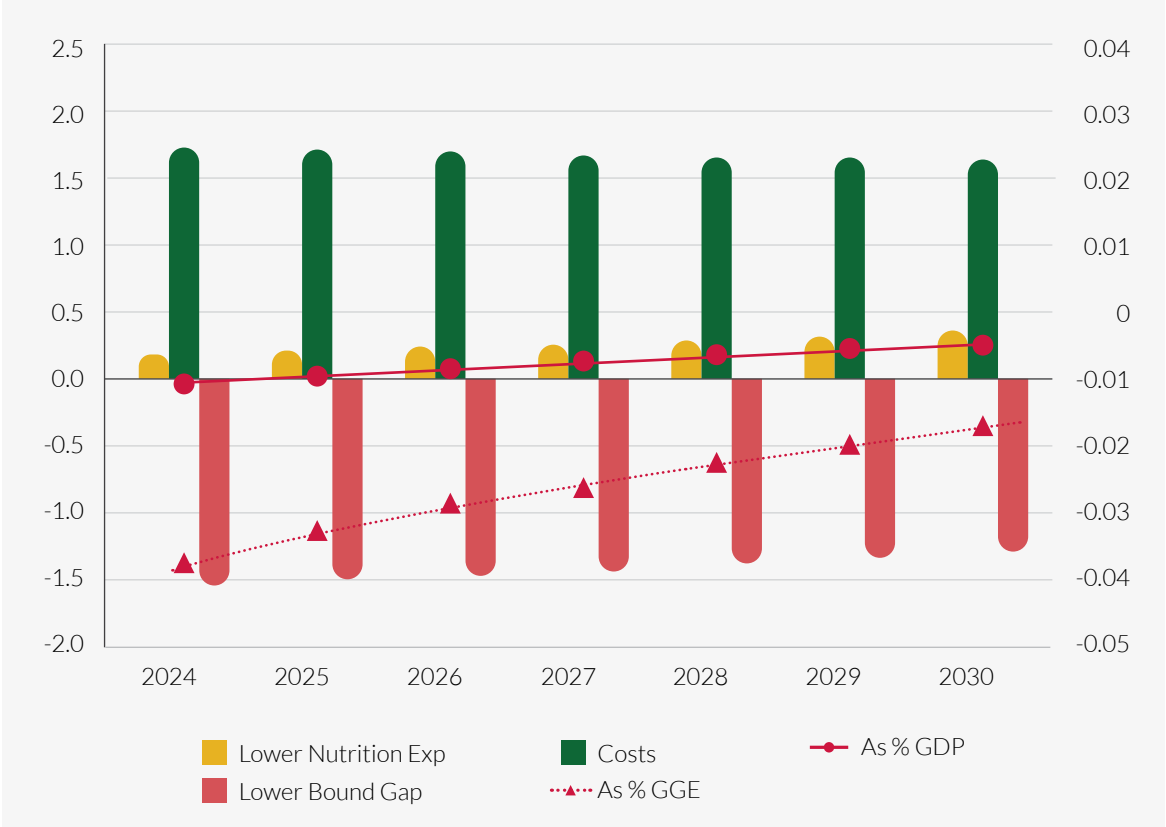
An additional TJS 68 (USD 5.9) per capita is required on average each year to fill the upper bound gap – If the government prioritizes all the nutrition interventions, as per the costing, the current funding levels are projected to be unaffordable. The upper bound scenario sets the higher levels of spending against the full costs of nutrition interventions and results in a financing gap averaging TJS 0.7 billion a year from 2024 to 2030 but is projected to decline over time. As a share of GGE, the gap falls from 2.6% to 0.4%, and as a share of GDP from 0.8% to 0.1% by 2030.

If we consider the lower bound estimate of nutrition spending against the costs an additional TJS 132 (USD 11.4) per capita is required each year to fill the financing gap – The lower bound scenario, which sets the lower levels of spending against the costs has a larger financing gap equivalent to TJS 1.4 billion a year from 2024 to 2030. As a share of GGE, the gap falls from 3.9% to 1.7%, and as a share of GDP from 1.2% to 0.5% by 2030.

These findings suggest that the current funding is insufficient to meet all nutritional needs, and current interventions are not adequate to meet nutritional targets. Therefore interventions need to be scaled up to meet targets for 2030 and this entails rising costs. The government and external funding levels and patterns need to change to adequately meet the nutritional needs of the population.

Figure 2: Upper and lower bound baseline financing gap (billion TJS)





Source: Author's own estimates.

Note: Axis retained on same scale for comparison between upper and lower estimates.

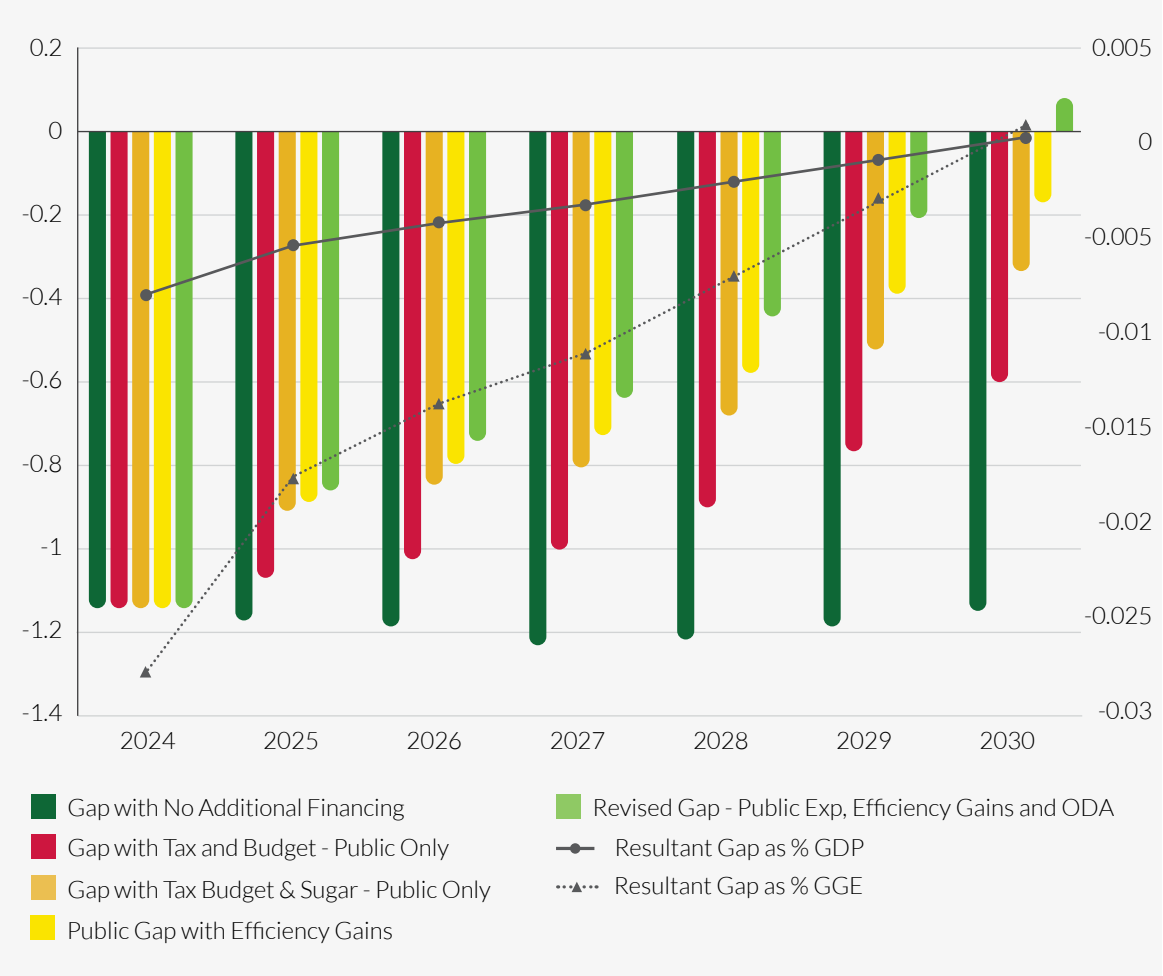
The second step concentrates on how to fill the financing gap with raised costs to meet targets by 2030 – using the upper bound estimate to reflect the multisectoral elements of the Plan - and four broad-based areas for financing are suggested:

- First, two policy actions around the budget are explored: increasing general taxation measures, which could raise the value of available GGE, and increasing the budget allocation to nutrition.
- Second, the possibility of an earmarked tax for nutrition is discussed. In this analysis, a sugar levy has been chosen given its direct linkage to nutrition in terms of its links to being overweight.
- Third, overcoming inefficiencies could reduce the costs of implementation.
- Fourth, advocating for greater Official Development Assistance (ODA) for nutrition, including blended financing, would result in more funding for nutrition.

Taking all the funding options together, we are left with the scenario described in Figure 3 for the nutrition financing gap. This includes funding from the government and the donors and scaled up costs to reach nutrition goals by 2030. The financing projected to maximize the fiscal space for nutrition can be explained in the following steps:

1. The original financing gap (dark red bar chart) is the resultant gap from scaling up interventions and costs: The gap is projected to average TJS 1.2 billion per year from 2025 to 2030, which is 0.6% of GDP. This includes both public and external funding.
2. The next bar chart (red) shows how the gap can be reduced through government funding alone. Raising the domestic tax revenue by 0.2 percentage points a year and raising the budget allocation to nutrition from 1.3% of GGE to 2.3% by 2030. This could half the gap by 2030. Therefore it is clear that public funding is insufficient to cover nutrition needs in the medium term.
3. The third bar chart (gold) shows the sum of the government's actions (in point 2 above) with the potential resources from earmarked taxes. The sugar levy, 0.1% of GDP, could reduce the financing gap by a quarter by 2030. In the unlikely situation of the GoT implementing all the new taxes on top of raising budgetary allocations and imposing a sugar levy, the financing gap would be reduced by 70% by 2030.
4. The fourth bar chart (yellow) takes the situation in point 3 above and adds renewed efforts of the government to improve efficiency. This is modelled by reducing the costs and this alone could reduce the financing gap by 15% by 2030.
5. The final bar chart (green) takes all measures from the government and efficiencies into account and adds the financial contributions from ODA for nutrition. With the assumption that external funding remains stable as a share of GDP over the time period and in addition to the government financing initiatives, the costs for nutrition can be covered by 2030.

Figure 3: Closing the financing gap for nutrition (billion TJS)



The projections suggest that the government can make substantial and sustained financial contributions to the nutrition sector to meet its needs over time; however, in the medium term, continued external support is required. With persistent efforts to improve tax revenues, raise budget allocation to nutrition, possibly impose an earmarked levy and improve efficiencies throughout the sector, Tajikistan can meet the nutritional needs of the population and move towards a more healthy and productive future.

The way forward: Recommendations

Despite some progress in reducing malnutrition rates, Tajikistan continues to face significant challenges, with malnutrition rates exceeding regional averages. Contributing factors include food insecurity, poverty, and limited access to health services, especially among vulnerable populations like women and children. Nutrition is a fundamental human right and crucial for economic growth and development. The GoT has developed the Plan to address these challenges, but its success depends on adequate funding and evidence-based decision-making. The absence of a detailed costing has impeded the Plan's implementation.

Given the need to increase public funding for nutrition the PFM systems in Tajikistan must be improved to overcome limitations in effectively analysing and tracking nutrition expenditures. The current Plan has limitations within its structure that impedes its practical implementation and there exist systematic challenges across various stages of the budget cycle. While an overarching PFM analysis was not conducted, the identified challenges in nutrition can be viewed as opportunities for improvement, particularly when considering the various stages of the budget cycle.

The Plan is set out under four headings, each of these need to be improved to increase focus on attainment of targets. For the next generation Plan, these are the suggested improvements:

1. **Activities need a more in-depth framework, particularly for the non-tangible action points.** This can clearly show what guidelines and manuals need to be prepared, who should be trained, how frequently, and what M&E systems need to be developed. Clear annual targets for number of guideline documents produced, training undertaken, etc., so that they can be clearly reported and identified within expenditure lines.
2. **Responsible Agencies need greater authority to champion and lead coordination to implement the Plan.** To ensure political support for greater adherence to activities by MDAs a higher-level government body should be placed as a coordinator and reporting authority, for example the National Coordination Council on Health and Social Protection of the Population. Moreover, there could be greater attendance from each MDA's nutrition focal point at each coordination meeting to report quarterly findings on action points. The MoF should also be included in the Plan and coordination meetings, this will highlight the issues around lack of financing. Additionally, there should be strengthened coordination between MDAs and DPs to prevent fragmentation and duplication of services. Finally, greater information and guidance should be provided about how MDAs should work together to carry out activities towards goals.
3. **Time Frames need a baseline with quarterly and annual targets up to end 2025 to become a workable plan for each MDA and action point.** This should clearly outline what, how, when, and by whom within a specific, measurable, achievable, realistic and time-bound framework. This can also help create greater coordination and lessen fragmentation discussed under responsible agencies above.[9]

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[9] In 2014, the Government of the Republic of Tajikistan created the high-level, inter-governmental National Coordination Council on Health and Social Protection of the Population. The Council is a coordination and consultative body which is mandated to oversee implementation of the Health and Social Protection Concept of the Republic of Tajikistan, other strategies and/or programmes in health, social protection sector, public investment programme in health and social protection, and develop/appraise projects and programmes The Council is chaired by the Deputy Prime Minister and co-chaired by the Minister of Health and Social Protection of the Population and consists of 15 government institutions, such as the Executive Office of the President, MoHSPP, Ministry of Finance, MoLMEP, MoEDT, Ministry of Internal Affairs (MIA), Ministry of Justice (MoJ), MoES, State Committee for National Security, ASIP, Agency for State Financial Control and Fight Against Corruption, and others. The Council meets at least twice a year.

4. **Financing sources should be clear, cost based, and increased.** Government should allocate new funding for nutrition based on this costing exercise and greater information should be shared on financing to highlight gaps. More details of existing external funding should be transparent within the Plan to ensure ongoing communication for nutrition interventions. This will provide greater clarity on which activities and responsible agents will be able to achieve goals under the set time frame.

Moreover, there are areas within the PFM system and budget cycle that can be improved specifically to enhance the implementation of the Plan:

Policy Review and Planning:

5. **Use evidence such as DHS 2023 data to identify priorities and advocate for more funding** – New DHS data on nutrition will be published in 2024 (linked to recommendation 8). This outcome evidence should be used – in conjunction with this report findings - to reassess the Plan's actions points and advocate for greater budget allocations and the prioritized needs for nutrition.
6. **Over the next year and a half, a new action plan from 2026 should be developed and incorporate identified priorities, costing, scaling up, and stronger M&E –** This is sufficient time to develop a new Plan. The following should be considered:

- Utilize costing and impact assessment information to prioritize interventions for greater impact.
- Use costing estimates to guide the financing of each intervention, ensuring specific budget lines are associated with each one. This could involve creating new budget lines, introducing nutrition tagging, or developing existing budget lines with nutrition funds.
- Clearly disaggregate the actions required for each intervention and delegate responsibilities directly to stakeholders to enhance accountability and reporting.
- Improve M&E so that performance across interventions can be more easily measured each quarter, identifying and resolving implementation challenges. This involves creating Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) indicators.

Budget Formulation and Execution:

7. **Use the results of the costing to inform budget formulation (annual) –** The results of the costing of the Plan presented in this report should be used to inform allocations towards nutrition programmes. Additionally, it will be beneficial for each MDA to clearly allocate budget to individual nutrition areas within their remit.
8. **Use evidence in budget formulation and negotiations (ongoing) –** Use regular administrative data, DHS outcome information, costing, and past expenditure data to build an evidence-based argument for greater budget allocation. The regular meetings of MDAs and DPs under the

Plan can be used as a platform to discuss evidence and how to best utilize this to gain attention for nutrition in all cross-cutting sectors. The SUN Secretariat should be used as a key partner in supporting this process. Periodic meetings aligned with the budget cycle could facilitate compilation of all data and information to create stronger arguments. The evidence-based budget requests will then need to be negotiated with MoF.

9. **Ensure nutrition is an identifiable sector within the programme budgeting and track spending –** Although the current budget is input-based, the Government of Tajikistan has released a decree on programme budgeting in 2018. Programme budgeting is currently being piloted in education; health; social protection; energy; agriculture, fishery and hunting; and transport and communications.[10] However, at the moment the decree does not include any nutrition component.[11] At this critical juncture, where programme budgeting has not been implemented fully and is still in its pilot phase, it is important to advocate to MoHSPP and the MoF for particular budget lines/codes to be aligned with the Plan's action points, major objectives, or at the very least, have one budget code attached to nutrition programming per subsystem (responsible ministry).[12] This will facilitate future tracking of resources that are allocated towards nutrition-responsive programmes and interventions. A more immediate measure would be to utilize the budget call circular (budget instructions). This is currently taking place for the 2025 - 2027 medium term budget. UNICEF and other DPs are working with MoF to add a provision in the instruction to tag budget lines associated with SDGs and children in MDAs' (social sector mainly) budget request forms. Within certain sectors this will have clear linkages to nutrition.

10. **Improve holistic coordination of on- and off-budget external support –** Given the critical need for external funding for nutrition it is essential that coordination improves. Each nutrition subsector works with its DP counterpart, however, there is no overarching view on funding flows to the sector and importantly their future projections. A mapping of the different DPs and their activities could improve oversight of any duplications or gaps that area result of individual DP actions, as well as any near-term commitments the government will need to pick up. Working with the mapping and the government spending for nutrition by sector can then help to improve the sustainability and coverage of external funding. Working more closely with planning (identifying priorities and gaps), budgeting (working on advocacy for MoF funding) and reporting (improved data and evidence for nutrition) can be done formally within the Plan coordination meetings each year or quarter.

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[10] World Bank & Ministry of Finance of the Republic of Tajikistan (2022). Public Expenditure and Financial Accountability Performance Assessment Report. Available online: https://www.pefa.org/node/5068, accessed 16 January 2024

[11] Examples of programmes in the decree (Appendix 1 to the Order of the Ministry of Finance of the Republic of Tajikistan from May 23, 2022, No. 83) under health include: Prevention and healthy lifestyle, immunization, reproductive health, mental health, HIV/AIDS, cancer, cardiology, drug addiction.

[12] Action Against Hunger; Save the Children; SUN Senegal (2017). Nutrition Budget Advocacy: Handbook for Civil Society. Available online: https://www.actioncontrelafaim.org/wpcontent/uploads/2018/01/exe_2_bdef_handbook_nba.pdf. Accessed: 30/11/2023, accessed 1 May 2024.

Monitoring Data and Evaluating Impact:

11. **In order to monitor and improve implementation, MDAs should be producing quarterly or annual action plans detailing activities with estimated timelines and expected outcomes -** Currently, no MDA that was interviewed creates such an action plan. These MDA-specific plans could improve clarity on progress within the implementing MDA, DPs, and the MoHSPP and highlight problem areas. They should be aligned with the overarching Plan, and so the Plan will have an improved M&E with SMART indicators for each sub-sector. These sub-sector specific plans should be created not only to monitor but to also consider how effective these activities are in producing the expected outcomes or impact. Therefore, they should be designed with the appropriate outcome or impact indicators to measure performance. This should be evaluated regularly, discussed in the Plan coordination meetings, and plans / interventions amended to ensure nutrition goals are met. The existing M&E plan associated with the Plan should be reviewed and updated to facilitate this process.
12. **Use DHS 2023 and routine data collection (District Health Information Software) to assess the nutrition outcomes -** DHS 2023 will provide first nutrition impact data since 2017, this should be used to analyse how past performance has impacted nutrition indicators. It can also be used to consider the priority areas for refocusing efforts within the Plan (linked to recommendation 1). More regular source of nutrition outcome information should be collected and monitored.

Lastly, it's crucial to advocate for increased financing for nutrition within this system. Nutrition stakeholders must collaborate to leverage evidence in support of greater budget allocation for nutrition. Consideration should be given to identifying key stakeholders and crafting compelling evidence, whether it's demonstrating low outcomes (e.g., from DHS 2023), highlighting the cost of inaction (e.g., loss of economic growth), showcasing impacts on children and development (e.g., reduced mortality and DALYs averted), or emphasizing the unsustainability of relying solely on external funding sources, which poses a risk to nutrition services' long-term viability.

01 INTRODUCTION

The Government of Tajikistan (GoT) has developed a Multisectoral Plan of Action for Nutrition 2021–2025 (referred to as the Plan), which provides a framework to address the multidimensional causes and consequences of malnutrition.[13] This framework focuses on implementing nutrition-responsive interventions within five key systems influencing maternal and child outcomes: (i) education, (ii) health, (iii) social protection, (iv) water, sanitation and hygiene (WASH) and (v) food. The Plan spans a five-year period, from 2021 to 2025, aiming to make significant improvements in nutrition outcomes for women and children in Tajikistan.

The budget and expenditure analysis, costing, fiscal space analysis and cost of inaction is a four-part study to support the strengthening of public finance management (PFM) in nutrition in Tajikistan. First, the budget and expenditure analysis was conducted to understand the historic spending on nutrition; second, a costing of the Plan was done to ascertain policy-driven required future expenditure; third, a fiscal space analysis was performed, providing insights into funding sources to meet the financial requirements of the Plan; and fourth, a cost-of-inaction assessment, clarifying the potential consequences if Tajikistan chooses not to invest in nutrition, was conducted.

This study provides the GoT with important information on how different levels of investment in the Plan's priority areas will translate into concomitant improvement in nutritional outcomes. This analysis will aid the GoT in setting priorities and making informed investment decisions during future budget cycles and Plan iterations. Additionally, it will support ongoing and future engagements with stakeholders in nutrition financing.

The objective of this study is twofold. On the one hand, this study aims to provide solid evidence on the resources needed (i.e., costs) to operationalize the Plan in a time frame aligned to the achievement of the Sustainable Development Goals (SDGs). On the other hand, this study also provides evidence on the value delivered by the Plan to guide GoT's prioritization for funding and coordination efforts across the implementing agencies.

The remainder of this report is structured as follows:

- Chapter 2 provides a picture of the current nutrition situation in Tajikistan.
- Chapter 3 summarizes findings from the review of the Plan and the financing of nutrition.
- Chapter 4 summarizes the results from the costing exercise and some indicators around the benefits of investing in nutrition in Tajikistan.
- Chapter 5 considers the funding environment for nutrition against the newly defined costs and ways in which different funding mechanisms could cover these costs.
- Chapter 6 concludes the study.

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[13] Government of Tajikistan. (2021). Multisectoral Plan of Action for Nutrition Republic of Tajikistan for 2021–2025. Available online: https://scalingupnutrition.org/sites/default/files/2023-07/MAPN%202021-2025.eng__0.pdf, accessed 17 January 2024.

02 CONTEXT

Nutrition is not only a fundamental human right but also a cornerstone for economic growth and development. In Tajikistan, improving nutrition is imperative for achieving sustainable development and economic prosperity. Malnutrition undermines productivity, impedes educational attainment, and perpetuates poverty, creating a significant economic burden on the country.[14] This section addresses the nutrition context in Tajikistan, highlighting the connection between nutrition and economic growth. It advocates for a comprehensive, multisectoral approach to addressing malnutrition, in line with the Sustainable Development Goals (SDGs).

2.1. The burden of malnutrition in Tajikistan

Despite improvements in the past decade, Tajikistan continues to grapple with significant malnutrition among women and children. The findings from the 2017 Demographic and Health Survey (DHS) indicate a decline in malnutrition rates compared to 2012. Specifically, 17.5% of children under the age of five are stunted (26% in 2012), 5.6% of them are wasted (9.9% in 2012) and 41.1% of women of reproductive age (WRA) suffer from anaemia (no data available for 2012).[15]

Although a downward trend in nutrition indicators is observed, the figures for Tajikistan significantly surpass the regional averages for Eastern Europe and Central Asia. The prevalence of which stand at 8.6%, 1.7% and 19%, respectively, for stunting and wasting in under-five children and anaemia in WRA.[16] Importantly, overweight and obesity in women increased from 29.7% in 2005 to 37.1% in 2017.[17] Furthermore, Tajikistan is on course to meet only two of six global nutrition targets related to maternal and child nutrition, childhood stunting and childhood overweight.[18]

Maternal and child nutrition is determined by immediate factors such as adequate nutrient-rich food and care. However, equally as important are the underlying determinants, including access to nutritious foods, optimal childcare and feeding practices and access to quality nutrition, health and other services. In Tajikistan, almost one-third of all children under-five are considered to be living in severe food poverty, meaning their diet does not contain sufficient diversity of

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[14] Black, R.E., Victora, C.G., Walker, S.P., et al. (2013). 'Maternal and Child Undernutrition and Overweight in Low-income and Middle-income Countries', Lancet. 382(9890).

[15] Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health and Social Protection of Population of the Republic of Tajikistan and ICF (2018). Tajikistan Demographic and Health Survey 2017. Available online: https://dhsprogram.com/pubs/pdf/ATR18/ATR18.pdf, accessed 16 January 2024.

[16] UNICEF, WHO and the World Bank (2023). Joint Child Malnutrition Estimates,. Available online: https://data.unicef.org/topic/nutrition/malnutrition, accessed 16 January 2024; UNICEF (2023). Global Database Women's Nutrition. Available online: https://data.unicef.org/topic/nutrition/womens-nutrition/, accessed 16 January 2024.

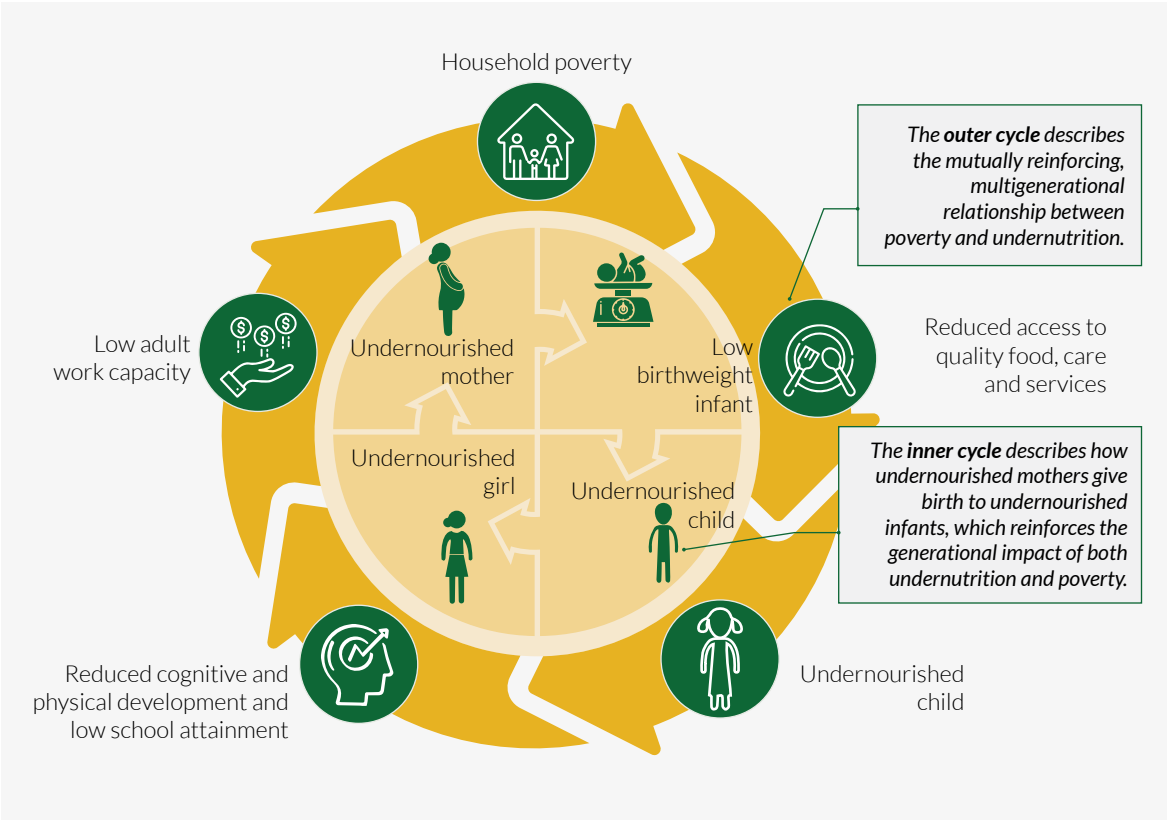
[17] Data from DHS surveys published on: Stat USAID (2023). Statcompiler: The DHS program. Available online: https://www.statcompiler.com/en/?cc=TJ&ucc=&ic=AN_NUTS_W_OWT&scl=1000&dt=0&pt=0&ss=0&lvlRnk=0&brk=Natural&si=AN_NUTS_W_OWT&sbv=, accessed 15 February 2024.

[18] Global Nutrition Report (2022). Global Nutrition Report: Tajikistan. Available online: https://globalnutritionreport.org/resources/nutrition-profiles/asia/central-asia/tajikistan/, accessed 25 January 2024.

foods for them to meet their micronutrient requirements.[19] Furthermore, more than a quarter of the population does not have access to health services for the treatment of reproductive, maternal, newborn, child health and healthcare related to infectious diseases.[20]

Food insecurity, poverty and undernutrition are intricately linked, with malnutrition arising due to and also serving as a contributing factor to poverty (Figure 4). In Tajikistan, roughly 7% of the population are multidimensionally poor[21] (as compared to 0.4% in Kyrgyzstan, 0.2% in Turkmenistan, and 0.2% in Europe and Central Asian region as a whole) and about 3% of all children (aged 0–17 years) live in households below the international poverty line (that earn less than USD 2.15 per day).[22] Lack of access to housing and nutrition services contributes the most to poverty in Tajikistan.[23] In this context, many households have limited capabilities to address the problem of poor nutrition by themselves.

Figure 4: The intergenerational cycle of child malnutrition and poverty[24]



[19] UNICEF (2022). Child Food Poverty: A nutrition crisis in early childhood. Available online: https://data.unicef.org/wp-content/uploads/2022/10/UNICEF_Expanded_Global_Databases_child_food_poverty_2022.xlsx, accessed 27 March 2024.

[20] WHO (2019). Primary Health Care on the Road to Universal Health Coverage. Available online: <https://iris.who.int/bitstream/handle/10665/344057/9789240004276-eng.pdf?sequence=2&isAllowed=y, accessed 6 October 2023.

[21] The historical definition of poverty focused solely on economic or monetary terms. However, contemporary understanding embraces multiple deprivations, encompassing health (including nutrition), education, and standard of living. This concept is known as multidimensional poverty.

[22] UNDP, Briefing Note for Countries on the 2023 Multidimensional Poverty Index, 2023, <https://ophi.org.uk/media/45190/download>, accessed 27 March 2024.

[23] UNDP, Briefing Note for Countries, 2023.

[24] Image sourced from UNICEF, Building Synergies Between Child Nutrition and Social Protection to Address Malnutrition and Poverty, 2024, <https://www.unicef.org/media/151141/file/Building%20synergies%20between%20child%20nutrition%20and%20social%20protection%20to%20address%20malnutrition%20and%20poverty.pdf>, accessed 21 February 2024.

The case to invest in nutrition programmes is strong, not just in terms of a moral imperative (i.e., through lives saved or disabilities averted) but also in terms of building human capital and increasing economic growth. The triple burden of malnutrition, which includes the coexistence of undernutrition (stunting and wasting), micronutrient deficiencies and overnutrition (overweight and obesity), hinders the future prospects of children by reducing their productivity and earning potential.[25] Economically, these effects extend beyond individuals and families to entire communities and the country as a whole. Studies have estimated that early nutrition programmes can lead to improved schooling completion rates and increased wages.[26] In Asia and Africa, reduction in stunting can lead to potential increases in GDP per capita from 4 to 11%.[27] Further research shows that every USD 1 of investment in nutrition can yield up to USD 16 in benefits across health and productivity, depending on the context.[28]

In Tajikistan, evidence from 2012 suggests that malnutrition causes an estimated annual economic loss of nearly 1% of GDP and is responsible for the mortality of over 7,600 children every year.[29] This report presents updated data highlighting the economic impact of malnutrition in Tajikistan (in Chapter 7).

Improving nutrition is essential for achieving several SDGs, particularly SDG 2 (Zero Hunger). However, the impact of nutrition extends beyond this goal. Better nutrition supports SDG 1 (No Poverty) by breaking the cycle of poverty, SDG 3 (Good Health and Well-being) by reducing malnutrition-related health issues, and SDG 4 (Quality Education) by enhancing cognitive development and school performance. Tajikistan's Multisectoral Plan aligns with these global targets, emphasizing the need for coordinated efforts across various sectors to achieve sustainable development.

2.2. Government of Tajikistan's response to the burden of malnutrition

Investing in nutrition is supported by international law and the 2030 Agenda for Sustainable Development, to which Tajikistan is a signatory. Specifically, in 1993, the Republic of Tajikistan ratified the Convention on the Rights of the Child, recognizing every child's right to adequate nutrition.[30] Additionally, in 2007, Tajikistan adopted the Concept of Transition to Sustainable

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[25] Black, et al. (2013). 'Maternal and Child Undernutrition and Overweight in Low-income and Middle-income Countries'

[26] Martorell, R., Horta, B.L., Adair, L. S.,. et al. (2010). 'Weight Gain in the First Two Years of Life Is an Important Predictor of Schooling Outcomes in Pooled Analyses from Five Birth Cohorts from Low and Middle-Income Countries.' Journal of Nutrition,140: 348–54; Hoddinott, J., Maluccio, J. , Behrman, J. R. et al. (2011). The Consequences of Early Childhood Growth Failure over the Life Course, IFPRI Discussion Paper 01073, (International Food Policy Research Institute: Washington, DC).

[27] Akseer, N., H. Tasic, M. Onah et al. (2022). 'Economic Costs of Childhood Stunting to the Private Sector in Low- and Middle-income Countries', eClinicalMedicine, 45.

[28] Global Nutrition Report. (2015). Actions and Accountability to Advance Nutrition and Sustainable Development. Available online: https://globalnutritionreport.org/documents/13/english_15.pdf, accessed 27 March 2024.

[29] UNICEF and World Bank (2010). Situation Analysis: Improving economic outcomes by expanding nutrition programming in Tajikistan. Available online: https://documents.worldbank.org/en/publication/documents-reports/documentdetail/843281468015028864/tajikistan-situational-analysis-improving-economic-outcomes-by-expanding-nutrition-programming-in-tajikistan, accessed 27 March 2024.

[30] UNICEF. (2024). What is the Convention on the Rights of the Child? Available online: https://www.unicef.org/tajikistan/what-convention-rights-child#:~:text=Since%20ratification%20of%20the%20Convention,under%20the%20age%20of%2018, accessed 12 April 2024.

Development.[31] This decree was aimed at guiding the country towards achieving the Millennium Development Goals and, subsequently, the SDGs. Among these goals, Goal 2.2 aims to end all forms of malnutrition by 2030. This includes achieving specified targets for reducing stunting and wasting among children under five years old, and addressing the nutritional needs of adolescent girls, pregnant women, and lactating women.

With the aim of improving the nutritional status of its population, the GoT and its partners play a significant role in advocating for the development, execution and upscaling of effective nutrition interventions across all sectors. Adequate funding from both the GoT and its partners is essential to ensure that these interventions reach all individuals in need. This is and will continue to be a crucial building block for driving sustainable growth in Tajikistan.

Tajikistan has an estimated population of over 10.2 million people, of which 36% are under the age of 15 and 13% are under the age of five.[32] With a youth dependency ratio of over 60%, there are many young people compared to the working-age population.[33] Improving nutrition can help Tajikistan benefit from the demographic dividend as these young people begin to age. The demographic dividend is the boost in economic growth that happens when there are fewer children and more working adults, following a decline in birth and death rates.

The GoT has recognized the importance of addressing malnutrition in all its forms. The Multisectoral Plan of Action for Nutrition 2021–2025 (the Plan) provides a framework to tackle the multidimensional causes and consequences of malnutrition.[34] This strategy aligns with the Global Nutrition Targets 2025 of the WHO and SDG target 2.2 – "to end all forms of malnutrition by 2030," while also contributing to other SDGs:

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[31] ICWC (n.d.). National Planning and the 2030 Agenda for Sustainable Development in Tajikistan. Available online: https://sdghelpdesk.unescap.org/sites/default/files/2018-03/CS_Pilot%20Application%20in%20Tajikistan_Final%20JW.pdf, accessed 12 April 2024

[32] United Nations Department of Economic and Social Affairs: Population Division. (2022). World Population Prospects. Available online: https://population.un.org/wpp/Download/Files/1_Indicators%20(Standard)/EXCEL_FILES/2_Population/WPP2022_POP_F03_1_POPULATION_SELECT_AGE_GROUPS_BOTH_SEXES.xlsx, accessed 27 March 2024

[33] World Bank. (2022). Age Dependency Ratio, Young (% of Working-age Population): Tajikistan. Available online: <https://data.worldbank.org/indicator/SP.POP.DPND.YG?locations=TJ>, accessed 27 March 2024.

[34] Government of Tajikistan. (2021). Multisectoral Plan of Action for Nutrition Republic of Tajikistan for 2021–2025.

By addressing these issues, Tajikistan aims to improve health, productivity, and economic growth, demonstrating that investing in nutrition is essential for sustainable development across all sectors.

However, up to this point, the Plan has not been subject to costing. This absence of information regarding the required resources has impeded the operationalization of the strategy. It is expected that costing the Plan will provide evidence for the GoT and DPs to guide them in the prioritization and coordination efforts effectively, thereby optimizing the utilization of available financial resources in pursuit of the desired goals.

2.3. Development partner's response to malnutrition in Tajikistan

Although Tajikistan is a lower-middle-income country, most financial and technical support for nutrition comes from DPs. To facilitate communication and collaboration among DPs in nutrition in Tajikistan, the Development Coordination Council has established a Food Security and Nutrition Working Group. DPs for nutrition in Tajikistan, and examples of their support, include the following:

- **Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ):** Support in Scaling Up Nutrition (SUN)-related coordination, development of nutrition modules for continuous education and support in behaviour change communication through primary healthcare and media.
- **Food and Agriculture Organization (FAO):** Support the school-feeding programme by establishing vegetable gardens in schools to increase food supplies and meet the nutritional needs of schoolchildren and their local communities. School staff and workers are also trained in sustainable food production.
- **UNICEF:** Micronutrient supplementation, breastfeeding and complementary feeding support, treatment of severe acute malnutrition (SAM), universal salt iodization programme, support in children's immunization programmes and support for water and sanitation in health centres.
- **USAID:** Support for nutrition-sensitive agriculture, promotion of improved nutrition practices, prevention and management of moderate acute malnutrition (MAM), support for water and sanitation supply and nutrition information systems and capacity strengthening.
- **World Food Programme (WFP):** Support of the school-feeding programme, wheat flour fortification and prevention and management of MAM.
- **World Bank:** Support for reforms in Targeted Social Assistance (TSA) to improve targeting and equity of allocations, nutrition-sensitive agriculture, procurement of micronutrient supplements and support food fortification initiatives.

In conclusion, the GoT through the Plan, has demonstrated a commitment to enhancing coordination of nutrition programmes for improved nutrition outcomes. Although progress in nutrition outcomes has been made, the country faces challenges when compared to regional counterparts, compounded by the escalating threat of climate change. Furthermore, the social and economic costs associated with poor nutrition underscore the imperative for transparent and sustained investment in nutrition programmes. This is particularly crucial in the context of fluctuating DP support.

While nutrition interventions require significant funding resources, there is a strong case to be made that public spending on multisectoral nutrition interventions should be viewed as an investment, rather than as a cost without returns. Given the longer-term beneficial returns from the nutritional investments, in terms of producing healthy and productive future generations in order to contribute more to the country's GDP and overall welfare, financial investment at the present time is of utmost importance.

03 REVIEW OF THE PLAN AND ITS FINANCING

3.1. Tajikistan's Multisectoral Plan of Action for Nutrition 2021 – 2025: An analysis

A nutrition multisectoral plan can be implemented effectively by ensuring strong coordination and collaboration across various sectors, including health, education, WASH, social protection, and agriculture/food.[35] Key steps include engaging all relevant stakeholders early in the process to build consensus and ownership, clearly defining goals, objectives, and key actions, and establishing robust governance structures. Additionally, securing sustainable and predictable financing, developing a comprehensive monitoring and evaluation framework, and aligning the plan with existing policies and strategies can enhance the Plan's effectiveness and impact.

This section outlines the structure of Tajikistan's Plan and its current functionality, against best practice norms, and provides recommendations for future improvements. The analysis was informed by international best practices and key informant interviews conducted in Tajikistan.

The Plan identifies four strategic objectives, aiming to achieve six goals through the implementation of 95 activities over a five-year time frame (Figure 5).[36] The majority of these action points (65%) focus on capacity development and creating an enabling environment, such as health-care system strengthening, data system strengthening, community mobilization, monitoring, evaluation, and accountability. The remaining 35% relate to tangible service delivery interventions across health, water and sanitation, education, social protection, and food/agriculture systems (Table 3).

Figure 5: Breakdown and objectives of the Plan

[35] MQSUN+. (2020). A toolkit on multisectoral planning for nutrition. PATH. Available online: https://mqsunplus.path.org/multisectoral-nutrition-planning-toolkit/, accessed 18 June 2024

[36] Government of Tajikistan. (2021). Multisectoral Plan of Action for Nutrition Republic of Tajikistan for 2021–2025.

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

Table 3: Summary of Action Points Related to Tangible Service Delivery and Commodity Provision

System	Programmes included	No. Actions
Health	Vitamin A, micronutrient powder, iron, folic acid, deworming, social and behaviour change communication, community screening of malnutrition, supporting women and children in emergencies	12
Social protection	Linking acutely malnourished children to social protection	1
Food	Scale-up of homestead gardening and livestock, iodized salt, fortified staples, mass and social media messaging, food safety	10
Education	Nutrition education in schools, early childhood development	3
Water and Sanitation	Safe drinking water, sanitation, interventions in schools	7

Note: some of which include an element of training / guidance. Water and Sanitation has duplicate action points (64 and 65)

Despite these efforts, the Plan faces challenges in tracking and transparency of spending. Only 35% of actions are directly related to service delivery objectives, which diminishes the visibility of nutrition spending within MDAs, as capacity-building efforts are absorbed into broader budget lines. Additionally, the Plan seeks to enhance coordination and planning across sectors, but evidence of success is limited due to several factors, such as:

- MDAs and activities remain fragmented, with minimal support from the Ministry of Finance and a lack of accountability to the Ministry of Health and Social Protection of Population (MoHSPP) for nutrition work.
- Reports on the implementation of the Plan lack concrete data on progress.

The Plan lacks specific time frames and measurable indicators necessary for effectively reporting and measuring progress. This hinders the ability to understand achievements and identify areas needing further investment and support. Furthermore, there is no detailed financing information within the Plan to guide budget allocation and spending decisions. The absence of costing results in no new allocations for government spending on nutrition across MDAs, and limited information on donor funding affects sustainability. Notably, over 90% of the action points are stated to require support from DPs or claim no financing is required (Table 4). This reliance on external support raises concerns about the long-term viability of the Plan, underscoring the need for more robust and sustainable financial strategies.

Table 4: Distribution of financial source of action points in the Plan

Financial source	Proportion of action points (%)
Support by funds from development partners	60
No financing required	31
Financing within the responsible agency's budget	7
Funding from private sector	2

Despite its challenges, the Plan provides a solid foundational framework for nutrition programmes in Tajikistan. However, several key enhancements are essential to improve the next generation of the Plan. First, the Plan must include detailed costing of all interventions to ensure proper prioritization and allocation of resources. Implementing more high-impact interventions, guided by cost and impact assessments, is crucial to optimize financing allocations. Explicit additional financing should be provided to each sector, potentially through the establishment of new budget lines and nutrition tagging. DPs should be well integrated into broader sectoral planning and financing meetings to avoid duplication and ensure funds are directed towards priority areas. M&E practices need significant improvement to effectively measure progress, identify challenges, and implement solutions. The delegation and assignment of specific tasks must be improved, with a high-level political figurehead having authority over all MDAs to drive the agenda forward. This strong leadership, seen as effective in other contexts, is essential for overseeing implementation and performance. Finally, fostering an open culture that encourages the identification and resolution of problems is critical for the Plan's success.

3.2. The nutrition financing landscape in Tajikistan

First, the methodology for the budget and expenditure analysis is summarized, and second, the findings from the funding analysis review are presented.

3.2.1. Methodology for the budget and expenditure analysis

A summary is set out below of the approach undertaken for the budget and expenditure analysis. Further detail on the methodology and its findings can be found in the Budget and Expenditure Analysis Report.

Step 1: Using the Plan and the *Lancet's* revised framework for interventions to address maternal and child malnutrition interventions and programmes were defined and classified under the umbrella of being 'nutrition-related'.[37] The Lancet framework helped to ensure that high-impact, evidence-based, and internationally recognized, interventions were included. The Plan ensured their contextual relevance for Tajikistan. These interventions and programmes were classified by systems that are acknowledged to have the greatest impact on maternal and child nutrition, i.e. health, education, social protection, food/agriculture, and WASH.

[37] Keats, E.C., J.K. Das, R.A. Salam, et al. (2021). 'Effective interventions to address maternal and child malnutrition: an update of evidence', The Lancet Child & Adolescent Health, 5(5).

Step 2: Key informant interviews were conducted and the MoHSPP 2023 annual report for the Plan was reviewed. This provided an understanding of what progress had been made by the responsible Ministries, Departments and Agencies (MDAs) and DPs, towards the action points laid out in the Plan.

Step 3: Government budget and expenditure data was requested from the Ministry of Finance and all MDAs responsible for action points within the Plan from 2018 to 2022.[38] DPs implementing nutrition-related programmes and interventions in Tajikistan were asked to provide expenditure data.[39]

Step 4: This budget and expenditure data was analysed to approximate an upper and lower limit of total expenditure on nutrition in Tajikistan for the period 2018 to 2022 based on the nutrition-related activities identified in step 1.[40] Annex 1 provides a breakdown of the data received from MDAs and DPs that were included in the analysis.

This methodology resulted in an upper and lower bound estimate of spending on nutrition in Tajikistan:

- **The upper bound (maximum estimate)** is defined widely in terms of interventions that have both a direct and indirect impact on nutrition. This will invariably be an overestimate as it will include budget lines and expenditures somewhat related to nutrition but not solely for nutrition. For example, entire budgets for reproductive health centres, Integrated Management of Childhood Illness and Nutrition Centres are included which will involve staffing, electricity, and other overhead costs which may be applicable to non-nutrition services provided at the facility.
- **The lower bound (minimum estimate)** will be a more tightly defined estimate of direct interventions. This will be an underestimate as it will include only traceable items related to nutrition-specific or direct programmes as detailed within the Lancet framework.[41] These interventions are internationally recognized and well-evidenced to have a high impact on maternal and child nutrition outcomes.

3.2.2. Findings

Tracking the exact expenditures linked to nutrition in Tajikistan is challenging due to the multisectoral nature of nutrition programming and the budget structure. The budget and expenditure analysis component of this four-part study found that the collective expenditure on nutrition programmes by the GoT and DPs from a lower bound (minimum spend) of TJS 13.1 (USD 1.2) to an upper bound (maximum spend) of TJS 60.2 (USD 5.5), constant per capita in 2022 (Figure 6).

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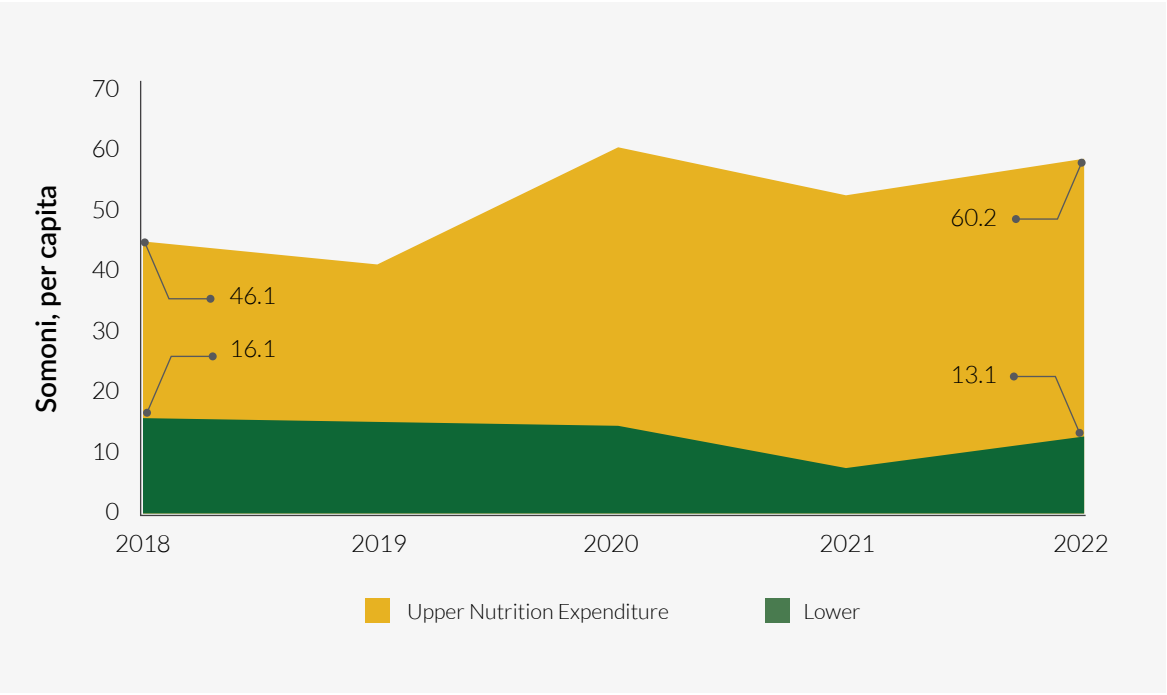
[38] Budget books were received from the MoHSPP, MoE, MoEWR, MoINT, and the MoA. Additionally, the Food Security Committee provided expenditure on activities related to action points within the Plan.

[39] Data was received from UNICEF, USAID, WFP, and Avesto. For future analyses it must be highlighted that World Bank as of 2023 is financing micronutrient supplementation in Tajikistan.

[40] At Inception, it was intended for commonly used methodologies such as the Scaling Up Nutrition Movement's Budget Analysis for Nutrition or the World Bank's Guiding Framework for Nutrition Public Expenditure Reviews to be used to determine current public expenditure in nutrition. However, due to the budget type, line items were too highly aggregated to use these exact methods, therefore an adaptation was used.

[41] Keats, E.C., Das, J.K.,. Salam, R.A, et al. (2021). 'Effective interventions to address maternal and child malnutrition: an update of evidence'

Figure 6: Total nutrition expenditure per capita by the government and DPs in Tajikistan (constant TJS, 2022 prices)

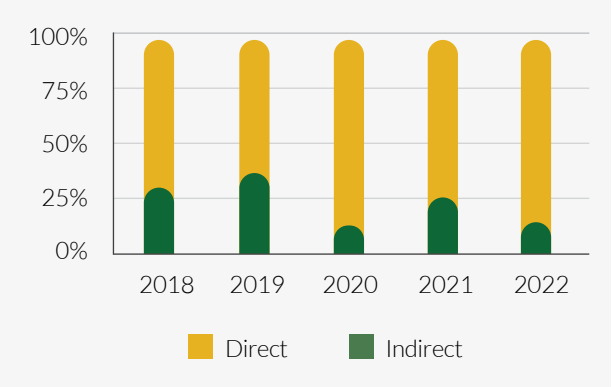


Overall, domestic and external expenditure on programmes influencing nutrition outcomes has seen only a marginal increase at best and a decrease at worst. Between 2018 and 2022, the GoT directed the majority of its nutrition-related expenditure towards indirect programmes, particularly social assistance through the Targeted Social Assistance programme. The only direct nutrition programme with identifiable funding from the GoT is the school feeding programme. While investment in these programmes is important, the GoT has not procured essential commodities necessary for other direct nutrition interventions, such as vitamin A, iron, folic acid, and ready-to-use therapeutic foods. This lack of procurement undermines the sustainability of efforts to address critical nutrition challenges, including anaemia in pregnant women and acute malnutrition.

Other indirect programmes funded by the government include disease management and prevention, reproductive health, and water and sanitation interventions, which represent the highest proportion of nutrition-related spending. This is expected given the substantial financing requirements of these programmes.

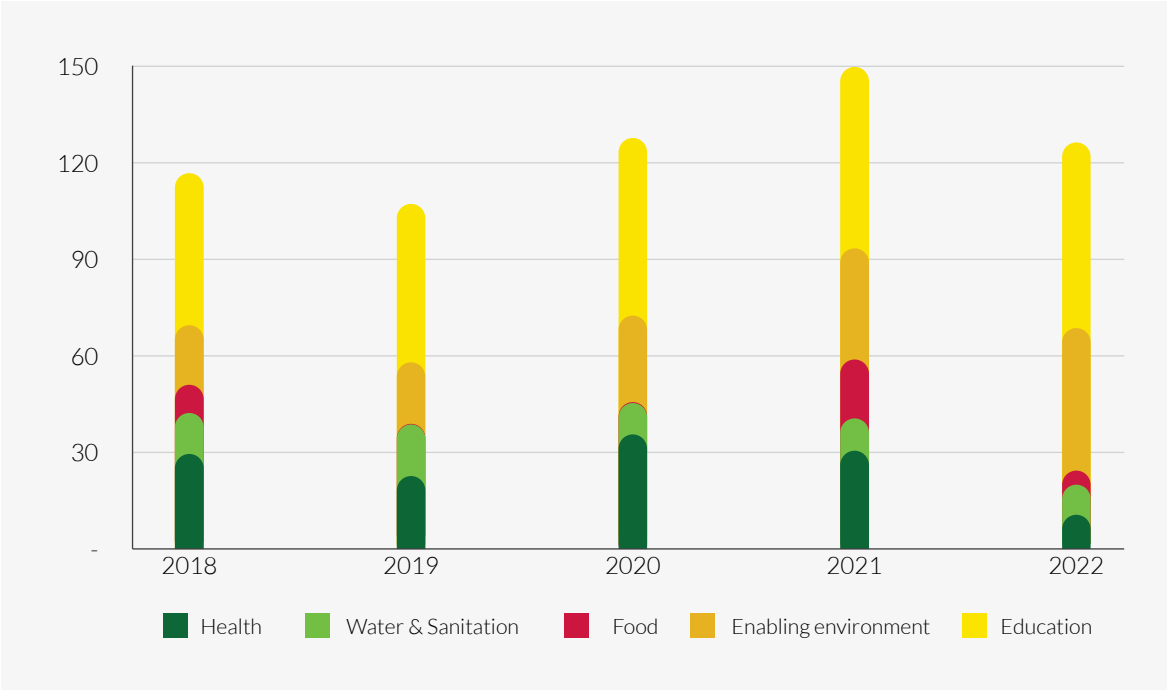
When considering detailed data from DPs in Tajikistan across the five systems, the total expenditure on nutrition in

Figure 7: Division of GoT spending on direct and indirect programmes



Tajikistan has exhibited an inconsistent trend over time, but in general has increased (Figure 7). Within the WASH system, DPs have helped in supporting accessibility of health centers and households to drinking water and basic sanitation facilities. Within the education system DP's have supported in the provision of meals and nutrition social and behaviour change communication to school children. The enabling environment includes programmes relating to building agricultural sector capacity, strengthening government and schools capacity to deliver social protection, health system strengthening, and supporting the development of nutrition-related information systems. These are the three systems that saw increased spending over time. Within the food system, major programmes include supporting household food security, through programmes such as women economic empowerment, and nutrition-sensitive agriculture, through biofortification programmes.

Figure 8: DP expenditure on direct and indirect nutrition-related programmes by system (Constant TJS Millions, 2022 prices)



However, almost all programmes within the health system, including micronutrient supplementation such as vitamin A, and treatment of moderate and severe acute malnutrition, have seen decreased expenditure from DPs in 2022. This is particularly concerning given that the GoT does not allocate funding for these programmes, coupled with the persistently high prevalence of anemia and acute malnutrition mentioned earlier in the report.

In real terms, DPs have almost doubled the funding allocated to the enabling environment increasing from 13% to 25% of total expenditure. Given the widespread lack of understanding regarding nutrition and its impact on maternal and child outcomes, this shift is noteworthy. However, the fragmentation in delivery, attributable to multiple partners providing capacity development, can result in challenges such as inefficiencies, duplications, and potential gaps in

implementation. Coordination and collaboration among these partners becomes pivotal to ensuring a cohesive and effective approach to enhancing the enabling environment for nutrition programmes.

Within resource-limited environments, it is necessary to make a strong case with evidence for the social and economic benefits of investing in high-impact nutrition interventions in Tajikistan, demonstrating its importance to policymakers at the national and subnational level, as well as international donors. Understanding how much is being spent on nutrition is a critical first step, however without strong evidence on the impact and costs of the Plan, these interventions may remain underfunded, the strategy not operationalized, and the strategic objectives and implementation targets may be at risk. In response to this, the following sections describe the methods and results of the costing of the Plan, its potential impacts, and the fiscal space analysis.

3.3. Summary of historical review

Much has been accomplished in terms of organizing multiple sectors across the government and DPs to improve nutrition outcomes and advance towards the SDGs in Tajikistan over the past few years. The first multisectoral plan has been implemented, fostering collaboration among various sectors including health, education, WASH, social protection, and agriculture/food. This approach has created a solid foundational framework, encouraging cross-sectoral efforts towards common goals. Funding for nutrition-related activities has grown across all sectors, and these achievements and successes can be further verified by the new DHS expected to be published in 2024.

However, the review finds that financing for direct, nutrition-specific interventions has not increased and remains heavily dependent on donor funding. KIIs revealed that there was no new government funding allocated for the Plan across any sector, which is concerning given the critical nature of these interventions for both preventative measures and curative treatment. Furthermore, the Plan faces challenges in tracking and transparency of spending. The absence of specific time frames and measurable indicators hampers effective reporting and progress assessment.

Recommendations for the next generation multisectoral plan to improve impact and implementation include:

- Incorporating costing and impact assessment findings into financing allocations to ensure transparency and accountability.
- Implementing more high-impact interventions guided by cost and impact assessments to optimize financing allocations.
- Providing explicit additional financing to each sector, including the establishment of new budget lines and nutrition tagging.
- Integrating DPs into broader sectoral planning and financing meetings to avoid duplication and ensure funds are directed towards priority areas.
- Enhancing M&E practices to measure progress effectively.
- Improving delegation and assignment of specific tasks, with a strong champion or leader to oversee implementation and performance.
- Fostering an open culture that encourages the identification and resolution of problems to ensure the Plan's success.

04 COSTING AND IMPACT ANALYSIS

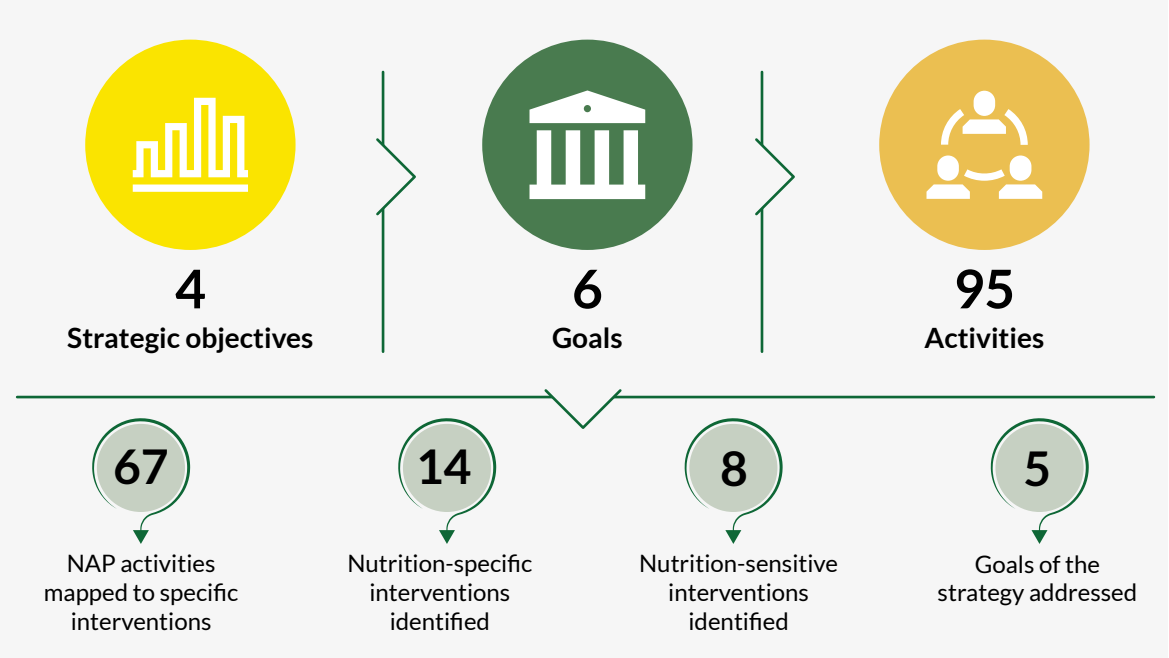
4.1. Methodology for the costing

This section summarizes the approach undertaken for the costing of the Plan and the cost of inaction. For detailed methodology, see the costing and fiscal space analysis report. Limitations include the lack of regional cost and outcome data, and the assumption of a linear relationship between costs and coverage, which might not hold true for hard-to-reach areas. The analysis also assumed existing political commitment, available human resources, and that strengthening leadership and coordination would not require additional investments.

4.1.1. Mapping evidence supported into the Plan

To ensure practical costing, a mapping exercise was performed, linking 67 out of the Plan's 95 activities to high-impact interventions based on evidence from sources like the Lancet review. High-impact interventions were derived from the Lancet review of nutrition interventions to improve maternal and child nutrition,[42] among other sources.

Figure 9: Mapping exercise of the Plan to concrete interventions



[42] Keats, E.C., J.K. Das, R.A. Salam, et al. (2021). 'Effective interventions to address maternal and child malnutrition: an update of evidence'

Some activities in the Plan are part of the same intervention but cover different aspects. For instance, "SAM and MAM treatment" includes both supplying resources for acute malnutrition and capacity-building for early detection of malnutrition cases. Interventions related to leadership, coordination, and governance were not evaluated for cost and impact but are recognized as essential enablers for implementing the strategy.[43]

4.1.2. Defining the package of interventions

Out of the Plan's 95 activities, 67 were matched to specific interventions. These were categorized by system or sector into 21 multisectoral nutrition programmes, which were then defined for evaluation in terms of costs, impact, and benefits. The interventions are listed in **Table 5.**

Table 5: Interventions matched to the Plan

System	Intervention
Food	Folic acid fortification Iron fortification Zinc fortification Salt iodization
Health	Iron supplementation in pregnancy Balanced energy supplementation Promotion of breastfeeding Provision of appropriate fortified complementary food for food insecure populations Vitamin A supplementation Zinc supplementation SAM – treatment for severe acute malnutrition MAM – treatment for moderate acute malnutrition Zinc for treatment of diarrhoea Antibiotics for treatment of dysentery Oral rehydration solution Deworming of children between 1 and 4 years of age
WASH	Hygienic disposal of children's stools Safe drinking water (piped water) Improved sanitation Handwashing with soap
Education	School feeding

[43] This could potentially underestimate the overall investment needed to ensure effective coordination, leadership, and governance structures are in place to support the implementation of the strategy. However, unlike direct interventions such as providing resources for malnutrition treatment, which have relatively clear and measurable costs associated with them (e.g., cost of supplies, personnel salaries), the costs of activities related to leadership, coordination, and governance are often more nuanced and dispersed across various aspects of organizational functioning. These structural elements involve investments in building relationships, establishing communication channels, fostering collaboration among stakeholders, and developing institutional capacities, which can be challenging to quantify in monetary terms. Additionally, the impact of these activities may not be immediately visible or easily attributable to specific outcomes.

4.1.3. Modelling approach to costs, impact and benefits

To evaluate the costs and benefits of investing in nutrition, as well as the cost of inaction, several scenarios were defined:

- **Baseline scenario:** Maintain current levels of coverage until 2030.
- **Scale-up scenario:** Increase coverage to meet Plan objectives by 2030.
- **Long-term scale-up scenario:** Extend the initial scale-up approach to maintain high coverage until 2050 to understand long-term impacts.

In the scale-up scenario the coverage was assumed to increase in linear increments. Annex 1 presents details on the coverage scale-up assumed in each intervention, as well as the baseline coverage used and the average annual rate of increase assumed for each scenario.

A blended approach utilizing both existing and bespoke models was used:

- The Lives Saved Tool (LiST) to cost and measure the impact of key interventions;
- Excel-based models for estimating the cost and impact of salt iodization, deworming and school feeding;
- The WASH SDG Costing Tool to estimate the unit costs of scaling-up pipe water to rural households modelled in Excel.[44]

The LiST module in Spectrum (version 6.2) software package is a comprehensive software developed by Avenir Health that estimates the costs and impact of interventions related to maternal and child health. For details on which interventions were modelled through LiST and Excel-based models, please refer to the full costing report.

There are several steps that were followed for modelling the costs and impact. The steps in the analysis are presented graphically in Figure 10.[45]

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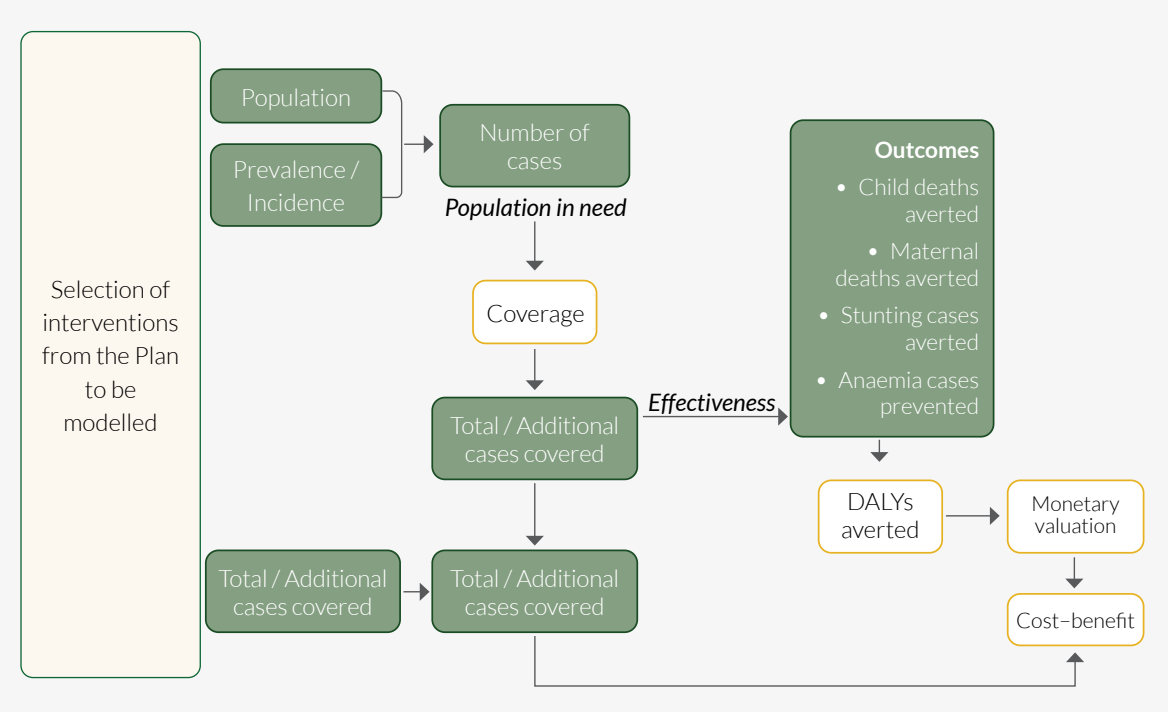
[44] During the analysis, it was decided to exclude WASH capital costs from the investment case (Benefit-Cost Ratio), including only operational costs for scaling up. Although access to safe drinking water is an action point in the plan, water sector investments provide benefits that extend beyond nutrition outcomes and require substantial upfront investments. These large capital expenditures have long-term horizons (beyond what is modelled in this study) and broader impacts, making their inclusion impractical.

[44] Inputs and results were stored and summarized by intervention and cost category, expressed in total and per capita terms, both annually and nominally. Files were securely stored for future adjustments and are available upon request with prior authorization from UNICEF.

Figure 10: Summary of the approach used for the evaluation in the current study



4.2. Findings: The Plan's cost estimates and benefits

Firstly, we outline the costing results, associated monetary benefits and cost of inaction for the Plan. Subsequently, we present the outcomes of the fiscal space analysis.

4.2.1. Cost estimates

Table 6 summarizes the costs associated with the Plan by intervention in total for the period 2024 to 2030. These costs include the cost of implementing, along with social and behaviour change, capacity development, monitoring and evaluation, wastage, logistics and other costs. In total, over the next seven years (up to 2030), TJS 15.2 billion (approximately USD 1.4 billion[46]) would be required to implement the Plan. These costs are delineated by year in Annex 10 (Breakdown of cost per intervention per year).

It is worth highlighting that, by achieving effective implementation of the packages to the levels modelled here, Tajikistan would be able to achieve the key nutrition goals, and associated WHO Nutrition Targets/SDGs, outlined in the strategy.

[46] The exchange rate of USD 1 to TJS 11.04 is derived from the average exchange rates between the USD and TJS observed on the first day of each month throughout 2022, as reported by the National Bank of Tajikistan, available online: https://nbt.tj/en/kurs/kurs.php. Accessed 14 January 2024.

Table 6: Total costs for scaling up the interventions associated with the Plan between 2024 and 2030 (in TJS)

Intervention	Total cost (TJS)
Food/agriculture system	
Folic acid fortification	51,033,719
Iron fortification	51,033,719
Zinc fortification	51,033,719
Salt iodization	2,965,279
Health system	
Iron supplementation in pregnancy	63,708,643
Balanced energy supplementation	89,380,322
Promotion of breastfeeding	41,575,494
Provision of appropriate fortified complementary food for food insecure populations	27,850,038
Vitamin A supplementation	134,455,136
Zinc supplementation	545,665,574
Oral rehydration solution	258,805,459
Antibiotics for treatment of dysentery	29,532,109
Zinc for treatment of diarrhoea	135,986,459
SAM – treatment for severe acute malnutrition	197,538,255
MAM – treatment for moderate acute malnutrition	453,520,157
Deworming	24,258,024
WASH system	
Handwashing with soap	89,408,274
Hygienic disposal of children's stools	80,055,423
Safe drinking water	12,446,047,144
Education system	
School feeding	573,972,546
Total cost of package	**15,273,690,023**

The primary cost driver is providing access to safe drinking water through pipe water, aligning with Action Point 62 of the Plan, and SDG 6. The costs of scaling up access to pipe water represent almost three-quarters of the total package cost. This outcome is unsurprising given the substantial capital investment and ongoing operational expenses associated with this intervention. A recent Lancet review acknowledges moderate evidence regarding the impact of WASH interventions on children's nutrition outcomes.[47] For instance, a meta-analysis assessing this impact revealed a small improvement in linear growth among children under five years.[48]

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[47] Keats, E.C., J.K. Das, R.A. Salam, et al. (2021). 'Effective interventions to address maternal and child malnutrition

[48] Dangour, A.D., Watson, L., Cumming, O. et al. (2013), 'Interventions to Improve Water Quality and Supply, Sanitation and Hygiene Practices, and Their Effects on the Nutritional Status of Children', Cochrane Database Systematic Reviews, 1(8)

Table 7 provides a breakdown of the annual costs to implement the Plan by cost category, in total and per capita terms. As can be observed in the table, total annual costs increase from TJS 1.9 billion in 2024 to TJS 2.5 billion in 2030. This translates to an average annual cost of approximately TJS 198 (USD 18) per capita. Due to the rapid scale-up of the interventions, all the costs increase over the period. It is possible that once the target coverage of each intervention is achieved, some costs drop, but this would only be realized over a longer time horizon coupled with efficiency gains from the acquired know-how and the opportunity to achieve economies of scale.

Table 7: Breakdown of the Plan total cost by type (in TJS)

Type of cost	2024	2025	2026	2027	2028	2029	2030
Intervention costs[49]	1,788,046,443	1,871,509,088	1,950,256,219	2,026,691,156	2,100,860,084	2,173,902,844	2,249,682,216
Programme costs	12,875,045	17,097,193	21,267,762	25,423,657	29,571,099	33,823,949	37,874,158
Wastage costs	2,021,834	3,054,182	4,050,903	5,023,103	5,965,474	6,902,024	7,800,995
Logistics costs	8,896,069	13,438,399	17,823,975	22,101,653	26,248,084	30,368,907	34,324,377
Infrastructure investment costs	504,118	944,532	1,343,064	1,700,704	2,020,949	2,320,893	2,499,036
Other health system costs	53,216,852	70,668,398	87,906,749	105,084,448	122,227,208	139,805,658	156,546,521
Total	**1,865,560,360**	**1,976,711,791**	**2,082,648,673**	**2,186,024,721**	**2,286,892,898**	**2,387,124,276**	**2,488,727,303**
Total per capita	**179**	**186**	**193**	**199**	**205**	**210**	**216**

4.2.2. Benefits: Outcomes

As highlighted in Chapter 2, nutrition interventions are an effective means of improving health outcomes and the associated human capital benefits, a principle also relevant in Tajikistan. Evidence shows that the long-lasting effects of childhood stunting, across 95 low- and middle-income countries, were manifest in the reduced income earning potential for individuals, and costs the private sector up to USD 135.4 million annually, equating to 0.01–1.2% of GDP.[50] However, investing in early nutrition programmes can increase school completion by one year and can raise adult wages by between 5 and 50%.[51] Additionally, children who avoid or overcome stunting are 33% more likely to escape poverty as adults.[52] These benefits can have a resounding impact on a country's economy.

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[49] All costs for safe drinking water, iodized salt, deworming and school feeding are included in the intervention cost.

[50] Akseer, N., Tasic, H., Onah, M.N. et al. (2022). 'Economic Costs of Childhood Stunting to the Private Sector in Low- and Middle-income Countries', eClinicalMedicine, 45.

[51] Martorell, R., Horta, B. , Adair, L. et al. (2010), 'Weight Gain in the First Two Years of Life is an Important Predictor of Schooling Outcomes in Pooled Analyses from Five Birth Cohorts from Low- and Middle-income Countries', The Journal of Nutrition,140(2); Horton, S., & Steckel, R.H.(2014). 'Malnutrition: Global economic losses attributable to malnutrition 1900–2000 and projections to 2050', in How Much Have Global Problems Cost the World? edited by B. Lomborg, (Cambridge University Press, Cambridge).

[52] Hoddinott, J., Maluccio, J., Behrman, J. et al. (2011). The Consequences of Early Childhood Growth Failure Over the Life Course, (International Food Policy Research Institute: Washington, DC).

Scaling-up the interventions associated with the Plan between 2024 and 2030 would prevent more than 5,000 children from dying due to nutrition-related causes and enable more than 175,000 children to develop to their full potential by averting stunting. Table 8 shows that, implementing the Plan in such a way that target levels are achieved in 2030, when compared to the baseline, would result in significantly averting a large number of malnutrition cases and DALYs. Compared to the business-as-usual scenario, this would save 5,560 additional child lives and prevent 3,410 low birth weight (LBW) cases, 175,433 stunting cases and 795 wasting cases, in addition to avoiding 956,286 cases of anaemia in WRA. Summing up, this would result in 156,038 child DALYs averted over the eight-year time horizon.

Table 8: Additional cases and DALYs averted, based on scale-up for 2024 to 2030

Year	Additional child deaths averted	Additional stunting cases averted	Additional wasting cases averted	Additional low birth weight cases averted	Additional anaemia in WRA averted	DALYs from child deaths averted
2023	**Base year**					
2024	215	4,093	116	123	31535	6,665
2025	416	9,693	95	243	64477	12,892
2026	590	16,559	66	360	98420	18,301
2027	741	24,600	154	483	133856	23,012
2028	884	32,553	115	607	170476	27,473
2029	1,018	40,133	79	733	208961	31,662
2030	1,158	47,802	170	862	248561	36,033
Total	**5,560**	**175,433**	**795**	**3,410**	**956,286**	**156,038**

The package of interventions evaluated here are effective in addressing the large burden of anaemia in WRA in Tajikistan. Figure 11 shows the significant impact of the interventions in the Plan on averting the cases of anaemia in WRA. The use of iron supplements during pregnancy is associated with a reduced risk of anaemia and iron deficiency during pregnancy, highlighting their critical role in maternal health.[53] Moreover, there is evidence that iron supplementation could improve outcomes for infants, specifically in terms of birth weight and preterm birth.[54] This is of paramount importance, as infants born with low birth weight face a twofold risk of childhood stunting – a condition with extensive long-term costs.[55]

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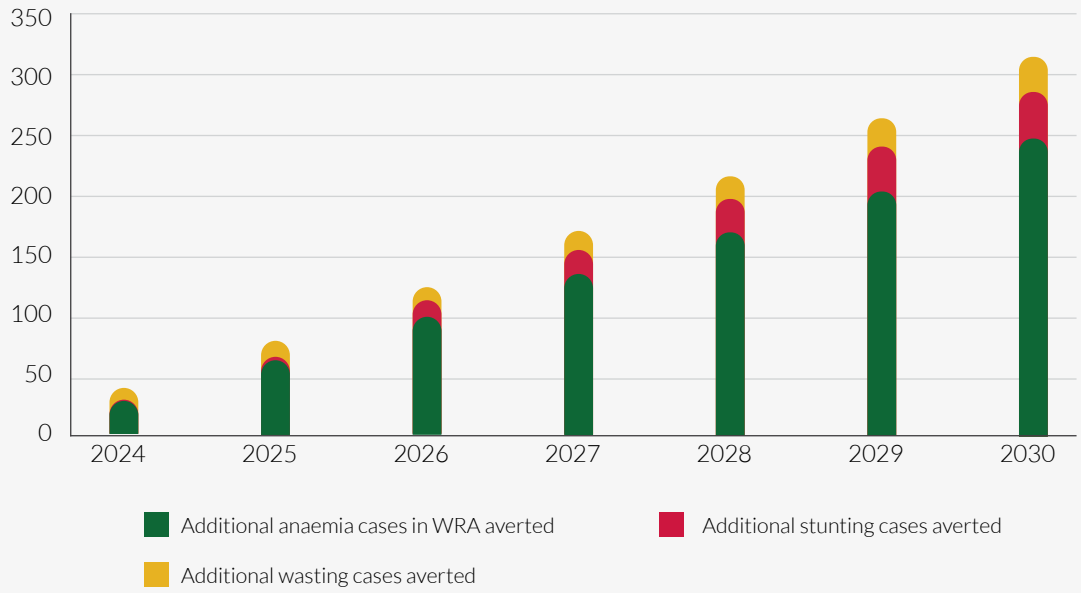
[53] Pena-Rosas, J., De-Regil, L., Garcia-Casal, M.N. et al. (2015). 'Effects and Safety of Preventive Oral Iron + Folic Acid Supplementation for Women During Pregnancy', Cochrane Database Systematic Reviews, doi: <https://doi.org/10.1002/14651858.CD004736.pub5

[54] Ibid.

[55] Vays, H., Walia, G.K., Saxena, R. et al (2024). 'Association of Low Birth Weight with the Risk of Childhood Stunting in Low- and Middle-income Countries: A systematic review and meta-analysis', Neonatology, 121.

Figure 11: Additional cases of malnutrition averted in women and children in costing package by year, compared to baseline



Scaling up this package of interventions would lead to significant progress towards the achievement of the Plan's nutrition targets. Table 9 presents a comparative analysis of baseline outcomes, the Plan's targets and the projected outcomes resulting from implementation. This shows that the rapid scale-up of these interventions can help Tajikistan to almost reach the Global Nutrition Targets 2025 of the WHO, and the Plan's objectives by 2030.

Table 9: Estimated outcomes in 2030 if interventions are scaled-up

Outcome	Baseline outcomes (DHS 2017) (%)	Plan's targets (%)	Outcomes in 2030 if interventions scaled-up (%)
Stunting in children under-five	17.5	10.5	13.4
Anaemia in WRA	41.1	20.6	22.2
Low birthweight	7.8	5.5	6.4
Wasting in children under-five	5.6	5.0	3.4

4.2.3. Benefits: Monetary, cost of inaction and benefit–cost ratio

These benefits of scaling up nutrition interventions will have a high monetary value when monetized. Table 10 shows the results of this monetization and shows the total economic value of all the benefits associated with scaling-up nutrition interventions in Tajikistan. Specifically, investing in the interventions associated with the Plan results in over TJS 5 billion in incremental benefits. Some of these benefits will be felt immediately or very soon after the intervention is implemented; however, others will impact women and children's outcomes across their life course, for example, stunting. All benefits have been discounted to account for the differential time frames of their

realization. Significantly, it is not possible to monetize all the impacts related to these packages, meaning that some socioeconomic benefits of this package are likely not captured and therefore this may be an underestimation.

Table 10: Monetized additional benefit summary under the Plan (in TJS) and discount rate of 3%

Economic analysis	2024-2030	2031-2040	2041-2050	2024-2050
Child deaths averted (DALYs) (TJS)	3,049,144,578	7,536,837,555	7,817,142,307	18,403,124,440
Stunting cases averted (TJS)	2,757,446,218	9,263,182,179	9,966,544,493	21,987,172,889
Disability avoided from iodine deficiency (TJS)	1,018,945	2,841,467	3,011,040	6,871,452
Anaemia in WRA averted (TJS)	6,037,379	17,040,445	18,801,103	41,878,928
Increased productivity from school feeding (TJS)	318,934,390	988,421,820	1,132,051,787	2,439,407,997
Social protection impact from school feeding (TJS)	13,026,281	41,056,298	47,064,110	73,081,706
Total incremental benefits (TJS)	6,145,607,791	17,849,379,764	18,984,614,839	42,951,537,411
Total incremental costs (TJS)	1,498,791,916	3,182,627,790	2,745,766,533	7,427,186,239
Incremental benefit–cost ratio	**4.1**	**5.6**	**6.9**	**5.8**
Incremental cost of inaction (TJS)	4,646,815,875	14,666,751,974	16,238,848,306	35,524,351,172

If the scaling up of investments for nutrition were not made, substantial economic benefits will be forgone. The cost of inaction (COI) is a metric that enables quantifying the gains or benefits forgone from not investing in nutrition and it is calculated by determining the total additional economic benefit of each package and subtracting the costs of that scale-up. The COI estimated here suggests that not investing in the Plans' interventions could cost Tajikistan over TJS 4.6 billion between 2024 and 2030. In other words, Tajikistan would forgo benefits for over TJS 4 billion if no action is taken on nutrition. For Tajikistan to accrue these benefits and transform the opportunity costs in value, ***immediate action on nutrition is needed.***

Investing in nutrition yields substantial economic returns. Table 9 shows the benefit–cost ratio (BCR) of expanding access to nutrition interventions. The BCR measures the additional monetary benefits that accrue from increasing nutrition intervention coverage compared to the total additional costs, relative to a baseline scenario of maintaining current intervention levels.

The Plan demonstrates a highly favourable BCR, significantly exceeding 1. This means that the financial benefits far outweigh the costs. Specifically, for every TJS 1 invested in nutrition between 2024 and 2030, an impressive TJS 4.1 in socioeconomic benefits is expected. These benefits include improved health outcomes, enhanced productivity, and higher earnings due to better educational performance and cognitive development.

The returns on investment grow even more compelling over time. Between 2031 and 2040, every TJS 1 invested will yield TJS 5.6 in benefits. By 2041 to 2050, the return on investment climbs to TJS 6.9 for every TJS 1 spent. This escalating return underscores the long-term value and sustainability of investing in nutrition.

In essence, the data highlights that scaling up effective nutrition programmes is not just a health imperative but also a strategic economic investment that will generate substantial returns, driving socioeconomic growth and improving the overall well-being of the population.

05 FISCAL SPACE ANALYSIS: HOW TO FUND NUTRITION

Now that the cost of achieving nutrition goals has been estimated and a clear argument for investing in nutrition has been made, it is necessary to explore ways to fund the packages. Fiscal space can be generally defined as the financing available for a government to achieve a policy goal.[56] Within this analysis, the goal of GoT is achieving the national and international nutrition targets as set out in the Plan. The cost of achieving the targets has been estimated. As the sector is highly donor-dependent, financing will be considered from both public and external sources, i.e., government budgets and development partners (this has been described in full within the budget analysis report).

This chapter will first provide an overview of the methodology and then a summary of the recent historic trends and projections made in the macroeconomic and fiscal environment for nutrition spending. The final section in this chapter will present the financing gaps and consider how these can be financed over the time period up to 2030.

5.1. Methodology overview

The underlying macroeconomic data is sourced from the International Monetary Fund's (IMF) World Economic Outlook (WEO) released in October 2023 and Tajikistan's Article IV's most recent report from March 2023.[57] These are in agreement and aligned to government data and policy intentions. These two sources cover a decade from 2017 to 2027. The estimates for the remaining three years up to 2030 are done by the analysis team.

Nutrition spending data is sourced from official government expenditures and DPs. Government data was requested from each MDA involved in providing nutrition services or interventions. The levels of external funding for nutrition were requested from key DPs, namely, UNICEF, USAID and the WFP. A full detailed methodology is set out in the Budget Analysis report.

The costing to reach nutritional outcomes are as per the results found in chapter 4. Two sets of costing are considered. The first, continues as per the current situation in line with implementing the Plan, these are titled the 'baseline' costs. The second, increases costs to scale up interventions so that nutrition outcomes can be achieved by 2030, these are titled the 'scale up' costs.

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[56] Roy et al. (2007). Fiscal Space for What? Analytical Issues from a human development perspective. Available online: https://www.undp.org/sites/g/files/zskgke326/files/publications/FiscalSpaceforWhat.pdf, accessed 15th March 2024.

[57] IMF (2023). WEO October 2023. Available online: https://www.imf.org/en/Publications/WEO/weo-database/2023/October, accessed 15th March 2024 ; IMF (2023). Republic of Tajikistan 2022 Article VI Consultation, IMF Country Report no. 23/125. Available online: https://www.imf.org/en/Publications/CR/ Issues/2023/03/28/Republic-of-Tajikistan-2022-Article-IV-Consultation-Press-Release-Staff-Report-and-531499, accessed 15th March 2024.

Two scenarios are presented. The first sets out a baseline showing projections for nutrition costs and financing if there is no change in policy. This is the baseline or business-as-usual scenario. The second scenario explicitly focuses on reaching national and international nutrition targets by 2030, which requires a scale-up of interventions and so raises the costs. Potential financing options are then explored for the second scenario to close the financing gap.

Scenario 1 | Baseline: Business-as-usual

The key underlying assumption within the baseline scenarios are that policy and spending for nutrition continues as per the status quo; i.e., no changes in the prioritization of policies up to 2030. The current policy is set out in the Plan and financing is a mix of government and external funding, both are detailed in the budget analysis report. A key finding is that there is limited government funding available, and the sector is highly donor-dependent. Moreover, the DPs were found to be supplying key commodities required for the treatment of malnutrition in Tajikistan while government spending is more focused on indirect interventions. For this reason, we consider government and DP funding, rather than only the government spending on nutrition. Given the difficulty in clearly identifying budget lines for nutrition and the definitions around direct and indirect spending for nutrition, two sets of spending levels were calculated and these will be explored against the costs:

- ***Upper bound baseline*** – Here, available funding is the sum of all direct and indirect spending on nutrition-related initiatives by the government and DPs. This is the upper bound estimate of nutrition spending in Tajikistan (see budget analysis report for further information). This upper bound estimate is compared to the cost of all interventions as they are currently planned out within the Plan. Therefore, this upper bound baseline represents the available funding over time from all the sources for all direct and indirect nutrition activities and how this compares to the projected costs of all nutrition interventions up to 2030.
- ***Lower bound baseline*** – Here, available funding is only direct nutrition expenditure by the government and DPs. This is a tighter definition of nutrition spending (or lower bound estimate). Given that there is scarcity of government resources for nutrition, and external funding may have a limited timeline, this baseline considers these lower level of expenditures against the full cost of interventions up to 2030.

An upper and lower financing gap is shown up to 2030. This projects current spending patterns assuming there is no increased expenditure on nutrition.

Scenario 2 | Scale-up: Reaching 2030 nutrition targets and closing the financing gap

The second scenario considers how financing can be increased to meet the national and international nutrition targets by 2030. The costing is raised to account for increased scale up of interventions for all interventions. Different options for increased funding are considered. Each option is discussed in turn and its potential impact estimated over time. The sum of these financial mechanisms is then shown graphically against the projected costs.

Financing options include the following:

- **Domestic resource mobilization –** General taxation measures and earmarked tax such as a sugar tax.
- **Budget reprioritization –** Having a greater share of the general budget allocated to nutrition.
- **Efficiency savings –** Considering how technical and allocative efficiencies could reduce costs.
- **External funding –** Possibilities for greater levels of ODA for nutrition.

Revised upper financing gaps are set out where new financing options are suggested to cover the scale-up needs to reach targets by 2030.

5.2. Nutrition and the macrofiscal environment: Baseline financing gap

This section explains the underlying historical trends and assumptions of projections for the macrofiscal environment and nutrition spending.

5.2.1. Macroeconomic and fiscal historical trends and projections

Tajikistan is a lower middle-income country with an estimated per capita income of USD 1,152 in 2023.[58] Real growth has averaged 7.1% over the past five years (2019 to 2023) (see Figure 13).[59] The domestic tax and non-tax revenues have remained stagnant for the past five years, averaging 19.4%, only the rise in external sources of funding has led to total revenues increasing from 26.8% of GDP to 28.5% in 2023.

General Government Expenditure (GGE) per capita has grown at 12% per annum on average over the past five years (from TJS 2,500 to TJS 3,800). This means that the government is spending more per citizen and yet the high level of inflation (7.3% on average over same time period) has diminished the real gains. Moreover, spending on interest payments, as well as expenses associated with the Roghun hydropower station account for 13.2% of all GGE (2.8% for interest payments and 10.4% for Roghun). This compares to a lower estimate of 0.5% or an upper estimate of 1.7% of GGE spent on nutrition.

The fiscal deficit has been volatile, averaging 2.2% of GDP between 2019 and 2023, with a low of 0.7% and high of 4.3% in 2020 (COVID). However, public debt has reduced from 43.5% of GDP to 32.3% in the five years.

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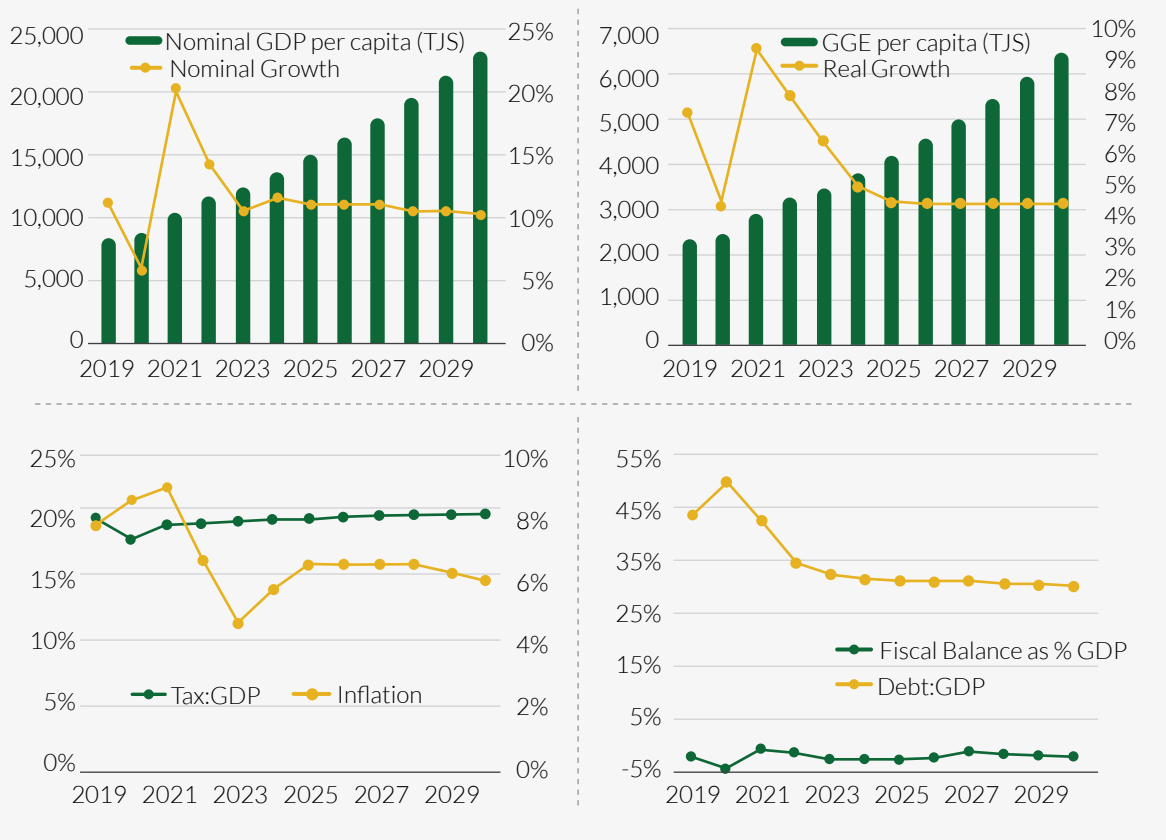
[58] Calculated from IMF data and status as per World Bank Country Classifications 2024, <https://blogs.worldbank.org/en/opendata/new-world-bank-group-country-classifications-income-level-fy24>

[59] All data in this section is sourced from IMF and author's estimates.

Figure 12: Macrofiscal recent trends and projections



Source: 2019–2027 IMF WEO (October 2023) and Article IV (March 2023), 2028–2030. Author's assumptions

The projections utilize these trends and consider medium-term government plans and polices around macroeconomics and fiscal stability. The resultant key underlying assumptions are as follows and shown in Figure 12:[60]

- Economic growth and per capita income – Real growth is expected to be moderately slower over time falling from 5% in 2024 to 4.5% in 2030. This would mean Tajikistan remains a lower middle-income country over this time period. The income per capita is expected to rise from USD 1,200 in 2024 to USD 1,900 (13,000 TJS to 23,000 TJS) in 2030.
- **Domestic revenues** – The government and IMF programme detail plans to raise tax revenues as a 'key pillar' over the medium term. Given the need to raise the tax to GDP ratio, a slight increase in the ratio is projected over the medium term, from 19.9% to 20.4% from 2024 to 2030. This is a rise on average of 0.07 percentage points a year, which is equivalent to a moderate effort in raising revenues and reducing tax loopholes.
- **GGE** – Expenditures have been projected to remain relatively stable as a share of GDP over the time frame (around 28% of GDP). This reflects the competing demands around the need to raise government spending for human capital (education, health, social assistance, etc.) as well as infrastructure investment (electricity, water, the Roghun project, etc.) against the limited domestic revenue collections and the need to retain a reasonable fiscal deficit.

[60] Projections are heavily based on the most recently published IMF and Government negotiations for programme agreement. IMF, Republic of Tajikistan 2022 Article VI Consultation, 2023.

Nominally, this implies a rise of GGE per capita over the projected time period (from TJS 3,900 to TJS 6,600).

- **Fiscal deficit** – The government has committed to a medium-term fiscal deficit target of 2.5% of GDP.
- **Public debt** – The risk of debt distress remains high. The slowly declining trend in public debt as a share of GDP is projected forward, reducing from 31% in 2024 to 30% of GDP in 2030.

It should be noted that given the conclusion of a continued 'high risk of debt distress' from the IMF, this FSA will not be considering increasing debt for nutrition expenditure.

In sum, the baseline macrofiscal environment is cautiously optimistic. It assumes that there are government efforts to raise domestic revenues, reduce tax exemption, contain spending and a focus on stabilizing the fiscal deficit and debt levels.

5.2.2. Historical findings for nutrition spending

The historical trends – covering 2018 to 2022 – for nutrition spending in Tajikistan was sourced from the budget analysis carried out as a precursor to this report. This includes both government and DP sources of funding. Due to difficulties in tracking budget lines for nutrition in government spending, an upper and lower bound was estimated. It was found that between TJS 0.1 and 0.5 billion was spent annually on nutrition (see Figure 10). This equated to a lower per capita spend of TJS 13 on average each year and a higher estimated spend of TJS 50, on average over the four years. As a share of the economy and government spending, the projections suggest that nutrition spending could be between 0.5–1.7% of GGE and 0.1% to 0.5% of GDP, on average each year.

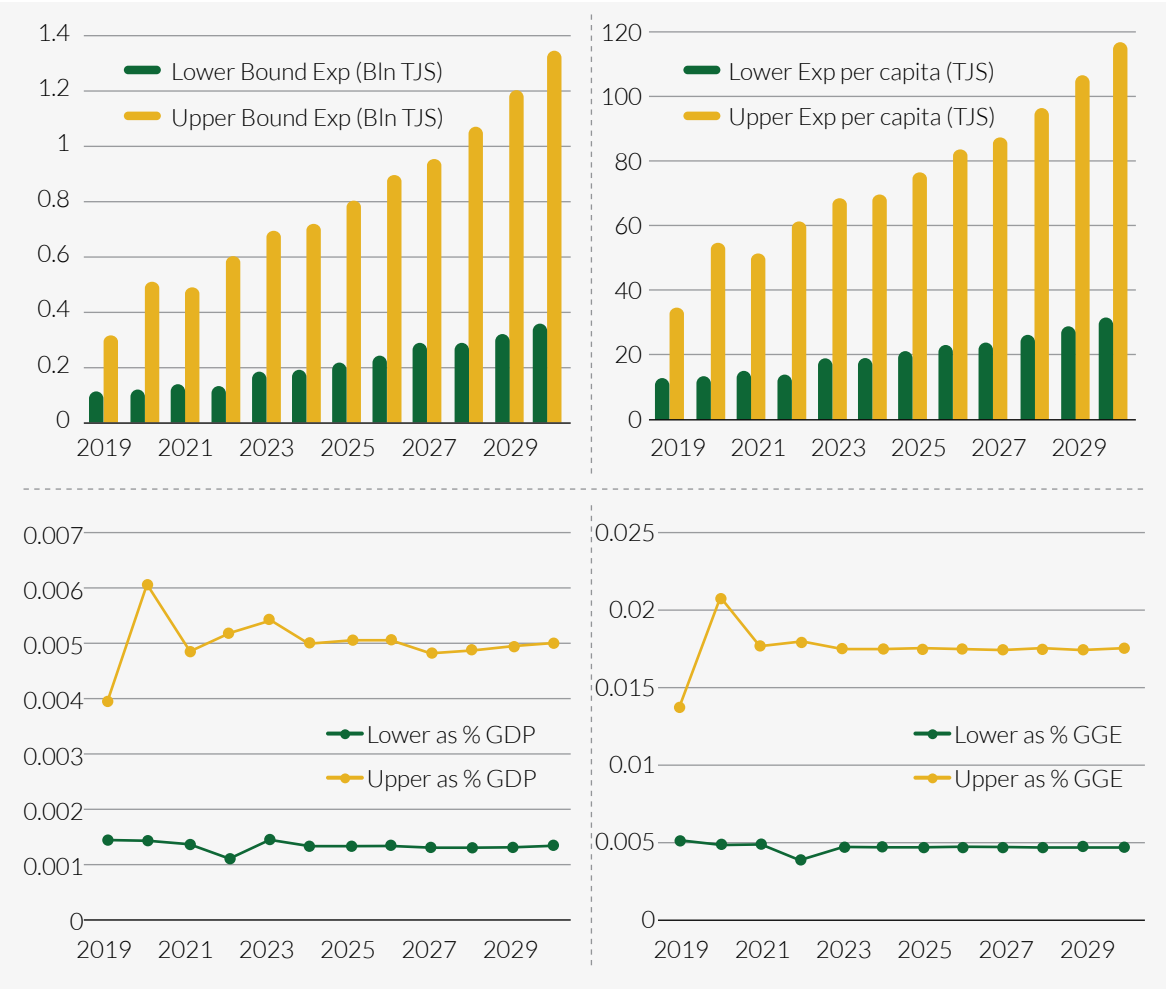
The analysis found that external funding through development partners was crucial to addressing malnutrition and other interventions associated with nutrition in Tajikistan. Therefore, the projection here assumes that external assistance will continue till 2030. The projections assumed that the share of government spending would remain stable over this time period. This results in the following spending patterns, which are shown in Figure 13:

- Total nutrition spending — Rising from TJS 0.2 billion to 0.4 billion for the lower bound, and TJS 0.7 to 1.3 billion for the upper bound.
- Per capita nutrition spending – The lower bound is projected to increase from TJS 18.5 in 2024 to TJS 31.1 in 2030. The upper bound is from TJS 69 to TJS 116.3.
- As a share of the economy – There is little movement with the ratios remaining at 0.1 and 0.5% of GDP for lower and upper bounds, respectively.

It is noted that while nominal spending is projected to rise, this does not equate to a sharp change in financing policy towards nutrition. The baseline projections here assume a stable financing policy, i.e., business-as-usual to illustrate what will happen if the status quo continues. However, the latest IMF report concludes that "critical social and development spending" is needed in Tajikistan.[61]

[61] IMF (2023). Republic of Tajikistan 2022 Article VI Consultation.

Figure 13: Recent trends and projections for nutrition spending



Source: 2019–2022 from official government expenditures and development partners files. 2023–2030 projected by the author.

Note: Includes both government and development partner expenditures.

Once we make macrofiscal assumptions, projections for nutrition spending and compare against the costs, a gap between available financing and costs is evident. This is shown in Figure 14 where the following can be concluded:

An additional TJS 68 (USD 5.9) per capita is required on average each year to fill the upper bound gap – If the government prioritizes all the nutrition interventions, as per costing, the current funding levels are projected to be unaffordable. The upper bound scenario sets the higher levels of spending against the full costs of nutrition interventions and results in a financing gap averaging TJS 0.7 billion a year from 2024 to 2030 but is projected to decline over time. As a share of GGE, the gap falls from 2.6% to 0.4%, and as a share of GDP from 0.8% to 0.1% by 2030.

If we consider the lower bound estimate of nutrition spending against the costs an additional TJS 132 (USD 11.4) per capita is required each year to fill the financing gap – The lower bound scenario, which sets the lower levels of spending against the costs has a larger financing gap equivalent to TJS 1.4 billion a year from 2024 to 2030. As a share of GGE, the gap falls from 3.9% to 1.7%, and as a share of GDP from 1.2% to 0.5% by 2030.

Figure 14: Upper and lower bound baseline financing gap (billion TJS)

Source: Author's own estimates.

Note: Axis retained on same scale for comparison between upper and lower estimates.

These findings suggest that the current funding is insufficient to meet all nutritional needs, and current interventions are not adequate to meet nutritional targets. The government and external funding levels and patterns need to change to adequately meet the nutritional needs of the population. Over and above financing needs, there is a need to reappraise policy and the Plan to highlight and prioritize the high-impact, cost-effective and value-for-money interventions to counteract malnutrition and other nutritional challenges. Therefore interventions need to be scaled up to meet targets for 2030 and this entails rising costs.

5.3. Fiscal space analysis (FSA)

Nutrition is a cross cutting sector and the Plan considers wide ranging interventions, however, to reach targets by 2030 scaled up costs need to be considered. With this assumption, the FSA considers financing options for the upper bound expenditure estimates only alongside a scenario where interventions are scaled up and so costs are increased. The scaling up is an attempt to meet national and international goals by 2030.

5.3.1. Funding options

Four broad-based areas for financing are analysed. First, two policy actions around the budget are explored: increasing general taxation measures, which could raise the value of available GGE, and increasing the budget allocation to nutrition. Second, the possibility of an earmarked tax for nutrition is discussed. A sugar levy has been chosen in this study given its direct linkage to nutrition in terms of its links to being overweight. Third, overcoming inefficiencies could reduce the costs of implementation. Fourth, advocating for greater ODA for nutrition, including blended financing, is considered. The wider discussion around each option is provided in the Costing, Cost of Inaction and Fiscal Space Analysis report, here a summary is set out.

To project the funding option, this section disaggregates between domestic and external funding for nutrition. The initial two options around taxation and budget will impact public sector spending, the third on efficiencies will impact both public and development partners and the fourth external funding only.

General tax effort and budget reallocation

The macrofiscal baseline scenario assumes some improvements in the tax regime given the requirement for greater revenues to pay for expenditure needs.[62] These needs include continued investment for Roghun, improvement of infrastructure such as electricity and increased spending on social development such as Targeted Social Assistance (TSA), as well as human capital development (education and health). However, the projections over the time frame assume limited levels of effort and state that tax policies largely remain 'unchanged'. The IMF states that currently efforts are focused on *"broadening the tax base by fully phasing out inefficient tax exemptions and improving tax administration"*; for example, there are plans in place to expand the digitization for taxpayers.[63] There

[62] IMF (2023). Republic of Tajikistan 2022 Article VI Consultation.

are, however, greater plans to develop a Medium-Term Revenue Strategy (MTRS). The main aim will be to increase domestic revenue mobilization through tax policy changes and administrative reforms. The MTRS is in its final stages of finalization between IMF and GoT and is expected to be published and implemented in 2024.

In this increased funding scenario, we assume that by 2025 there are significant and sustained efforts by the government to increase domestic tax revenues. The original model suggests a moderate 0.08 percentage point rise each year on average from 2024 to 2030. The increased funding projects an additional 0.02 percentage points per annum from 2025. The delayed impact assumes that it will take at least one fiscal year to implement changes required to reform tax laws, administrative procedures and so forth that will be outlined in the MTRS. This means by 2030, the tax to GDP ratio is projected to reach 22.4% as compared to 20.4% in the baseline business-as-usual scenario.

From the rise in revenues, the model assumes that the entire rise in revenue collection is spent through the budget (as opposed to paying off fiscal deficit). Therefore, GGE rises by 2% of GDP in 2030 as compared to the baseline.

Due to this effort, there is a twofold rise in allocation to nutrition. First, growing GGE means the nominal values rise as applicable to the share of GGE going to nutrition, i.e., the baseline 1.3% of GGE spent on nutrition – from government sources only – is now 1.3% of a larger pool of funds. However, additionally, this scenario assumes the government will also increase the share of GGE going to nutrition. This will require advocacy measures using evidence to convince the Ministry of Finance that increased investments would be cost-effective and reduce spending in the long run. The various findings of Chapter 4 provide much of this evidence.

The new funding scenario uses the upper bound allocations: 1.3% of GGE. The projections assume that the 2024 expenditure remains stable as it takes time to negotiate new priorities. Moreover, the Plan ends in 2025 and a new plan could be designed to account for the high-impact interventions and implemented after 2025. This could come with new guarantees of greater funding from the Ministry of Finance. The allocation is projected to rise by 2030 from 1.3% to 2.3% of GGE. This would be a slow linear rise over the six years to ensure that the sector is capable of spending it effectively and there are no large shocks to changing the budget allocations towards nutrition.

The results of both the taxation and budget reallocation policies are given in Figure 15. This would mean nutrition spending from public sources (all MDAs across all interventions) would rise from 0.4% to 0.7% of GDP up to 2030. This increase in public funding would half the gap by 2030 compared to the current funding scenario.

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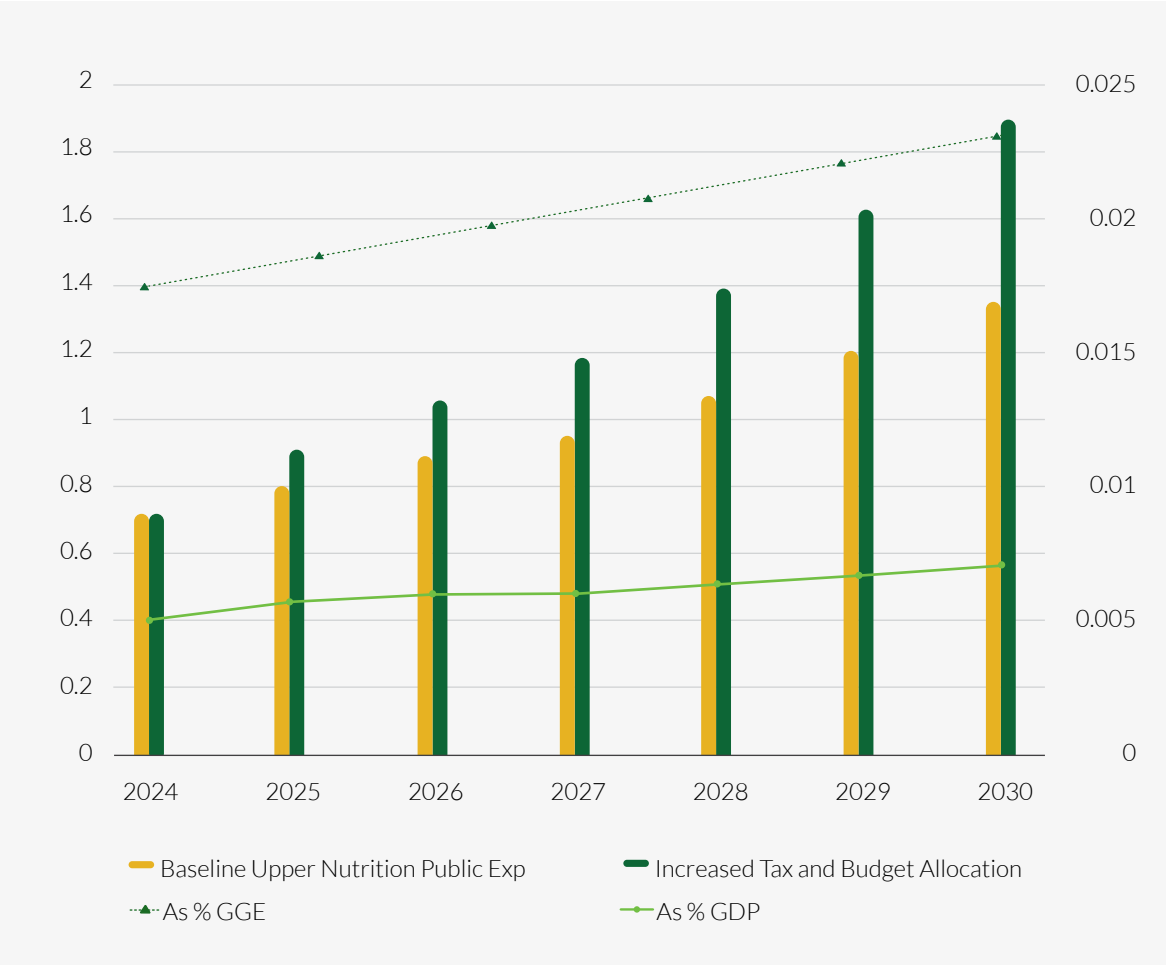
[63] IMF (2023). Republic of Tajikistan 2022 Article VI Consultation.

Figure 15: Projected impact of increased taxation effort and budget reallocation for public sector nutrition expenditure (billion TJS)



Source: Author's own estimates.

In sum, the policy changes around general taxation and budget allocation are high-level reforms and decisions outside of the control of the nutrition sector. It will require substantial effort from the tax authorities and political leaders at the highest level to focus on raising domestic revenues. There is some level of confidence that this will happen given the government's work alongside the IMF to create a new MTRS. Moreover, we are cautiously optimistic about the projections for rising tax to GDP ratio. The rises are small and sustained, and other countries have managed 0.3 or 0.5 percentage points per annum with a well-implemented reform, while this model projects a growth of only 0.1 percentage point for Tajikistan. Despite the cautious projection, it will need a concerted and persistent effort by the authorities to accomplish these tax reforms.

The budget allocation can be heavily influenced by the nutrition sector through well-planned advocacy measures. Providing well-documented evidence to key political and technical leaders in the Ministry of Finance, Cabinet and Parliament can have positive results. This may take multiple attempts over a period of time. Having all the stakeholders working together can bring in wider evidence and ideas for advocacy, i.e., all MDAs and development partners.

Earmarked tax: Sugar levy

Because general taxation reform takes time, an alternative near-term option could be explored to implement earmarked taxes. Raising general taxes to increase domestic budget spending can be a lengthy process. As we've seen from the section above, the incremental rise in budget allocation to health makes a significant reduction in the resource gap by 2030, but over the short to medium term, Tajikistan simply does not have the capacity to raise the financing required. However, Tajikistan is not operating at the optimal taxation levels. As we have seen in the macroeconomic section above, there is fiscal space to increase taxation and this can be done in the near term by implementing earmarked taxes.

For these reasons, a sugar levy is proposed and revenues are earmarked for nutrition expenditure. This type of levy is becoming increasingly popular around the world. As of July 2022, 108 countries have applied a levy on sugar-sweetened beverages, for example.[64] However, the World Health Organization (WHO) states that the majority of these countries are not leveraging this levy as a part of health policy. And very few earmark the revenues for health, and recent findings suggest the rates of tax are too low to have any effective impact on consumption.[65] Indeed, a recent publication for WHO has called countries to increase the levels of sugar taxes so that the increased price would actually act as a disincentive to purchasing sweetened beverages.[66] A manual has been developed by WHO to assist countries in developing taxes on beverage more effectively.[67]

Tajikistan has a resolution and approval of legislation on excise tax rates as a sugar tax since 2014; however, the rates could be higher and its revenues earmarked for nutrition.[68] Government Resolution No. 102 details the taxation rates on various beverages with and without sweeteners. The rates are low and are paid into the general tax revenues. Raising these tax rates is logical because a higher price will reduce the consumption of sweetened beverages. Reduced consumption would help reduce the growing numbers of overweight citizens and offset longer term health care costs. Given the calls for greater levels of taxation, the projections slightly above a mid-range at 0.1% of GDP is applied in Tajikistan.[69] This is cautious and could be higher given the WHO concerns that current rates are too low.

The results of assumptions to raise and earmark sugar levies for nutrition are provided in Figure 16. This is a rough estimate and suggests that the nutrition sector could receive an additional TJS 0.2 billion per year from 2025 onwards. This equates to 0.3% of GGE and reduces the financing gap by almost a quarter by 2030.

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64 WHO (2023). Global Report on the Use of Sugar-Sweetened Beverage Taxes 2023 (WHO: Geneva).

65 WHO (2023). Global Report on the Use of Sugar-Sweetened Beverage Taxes 2023. Nine countries are cited as earmarking a tax: Azerbaijan, France, Hungary and Philippines for health coverage expansion, Panama and Zimbabwe for non-communicable diseases, Nicaragua for the promotion of physical activity and Poland and Portugal for general health programmes.

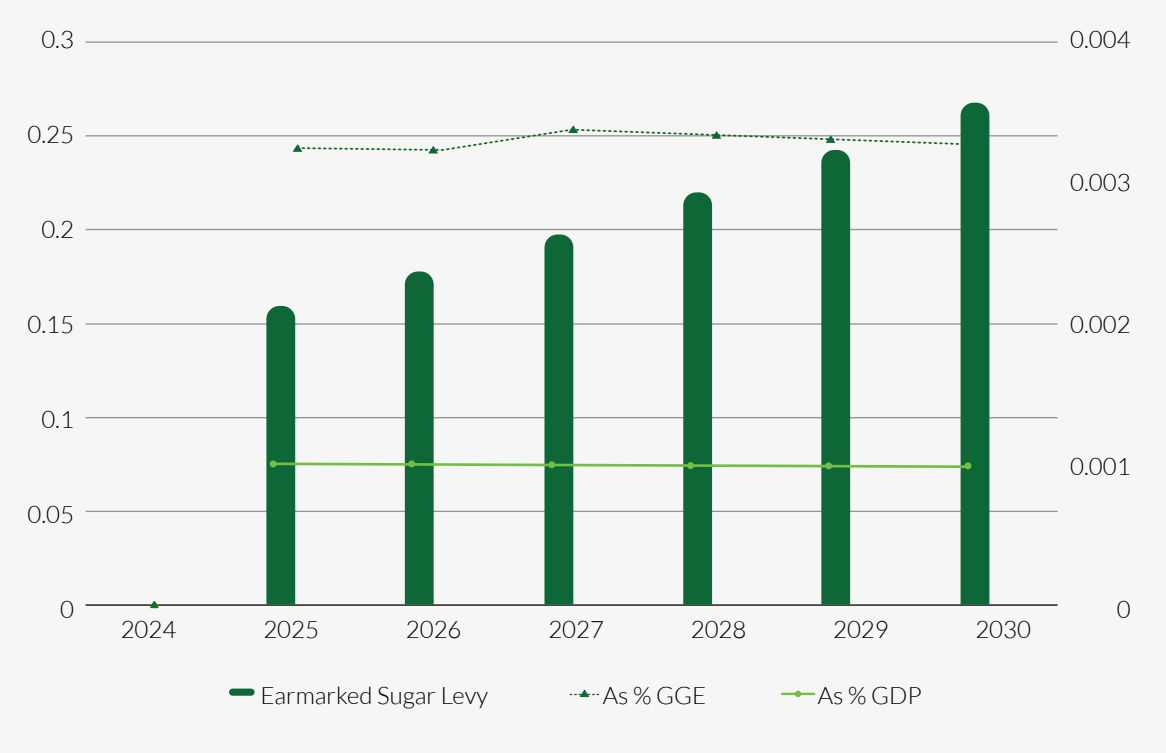
66 WHO (2023). WHO Calls on Countries to Increase Taxes on Alcohol and Sugary Sweetened Beverages Available online: https://www.who.int/news/item/05-12-2023-who-calls-on-countries-to-increase-taxes-on-alcohol-and-sugary-sweetened-beverages, accessed 15 February 2024.

67 WHO (2022). WHO Manual on Sugar-Sweetened Beverage Taxation Policies (WHO: Geneva)

68 WHO Global Database on the Implementation of Nutrition Action (GINA), <https://extranet.who.int/nutrition/gina/fr/score-details-exportable-all/4043>

69 WHO (2022). WHO Manual on Sugar-Sweetened Beverage Taxation Policies

Figure 16: Projections for raising and earmarking sugar levy for nutrition (billion TJS)



Source: Author's own estimates.

Implementing this taxation and earmarking those funds for nutrition would be relatively easy as the tax administration and laws are already in place. It would simply be a function of raising taxation rates and some legislation to retain the funds for the nutrition sector. This would require much deliberation and convincing of the Ministry of Finance by nutrition stakeholders.

Efficiencies

Simply defined, inefficiency refers to a failure to fully exploit the available resources. At its most basic level, efficiency gains can be thought of as achieving one of two objectives: (1) better outcomes for the same level of investment or (2) the same outcomes at a reduced level of investment.

The gains that are to be made by improving efficiency are those that would result from closing the gap between coverage levels and outcomes that are currently achieved and those that could potentially be achieved with the same resources were they used more efficiently. Thus, what is important for efficiency is not simply the cutting of costs but increasing the impact of spending and improving the efficiency with which funds are spent. The emphasis, therefore, is fundamentally on value for money, i.e., containing or reducing costs without reducing outcomes or, better yet, achieving better outcomes for the same level of investment. Efficiency, therefore, includes a measure of both the quality and the quantity of outputs (i.e., outcomes or services) for a given level of input (i.e., cost).

A further component of efficiency is those gains to be derived from improving the global architecture. DPs can reduce the fragmented way that their funds are delivered and that countries are asked to report on their use. DPs could also reduce duplication and adopt a timely

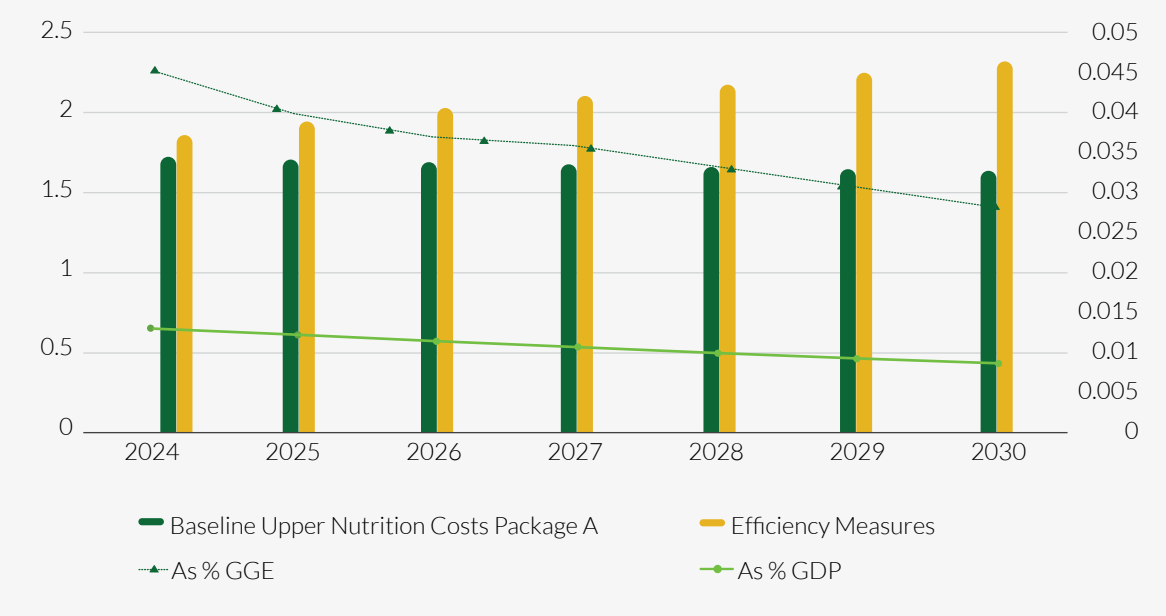
reporting mechanism. In Tajikistan, there have been improvements given the adoption of the Plan and inclusion of DPs in the planning and implementation of nutrition interventions. However, some improvements could still be made.

A multifaceted method is used to estimate and project efficiencies given that the nutrition sector includes multiple sectors and lack of data on efficiencies in them. First, data on efficiency is available for the health sector in Tajikistan[70] [71]. Given the majority of nutrition activities in the Plan pertain to the health sector, there is some basis to rely on this information. Second, international evidence on cross-sectoral efficiencies to achieve SDGs is utilized[72] [73] . This is relevant as nutrition is cross-cutting. Third, evidence is taken from the cost and benefit section in this analysis. A summary of each is provided in the following (see the Costing, Cost of Inaction and Fiscal Space Analysis report for more details):

The health input scores and estimates around inefficiencies can be converted into a monetary value. This will show how much the government could 'save' if it focused on making health inputs more efficient. These calculations have been made somewhat cautiously given the significant efforts required to improve inefficiencies. The projections assume that by 2030 the nutrition sector will be 90% efficient overall.

The projected reduction in costs associated with becoming more efficient are shown in Figure 17. Increased efficiency results in costs declining from an annual average of TJS 2.1 billion to TJS 2.0 billion in the more efficient scenario. This is estimated to close the financing gap by 15% by 2030.

Figure 17: Projected cost reduction from improving efficiency in the nutrition sector (billion TJS)



Source: Author's own estimates.

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[70] Kapsoli and Teodoru. (2017). 'Benchmarking Social Spending Using Efficiency Frontiers', IMF Working Paper WP/17/197, (IMF: Washington DC)/

[71] WHO. (2010). The World Health Report 2010. Available online: https://www.who.int/publications/i/item/9789241564021

[72] Weitz et al., (2019).

[73] Sustainable Development Solutions Network, 2019.

In terms of implementing efficiencies, it would require consistent combined action from all the stakeholders led by a strong leader. There is an assumption that the data for 2024 would be set aside for discussions, planning and changing policy to accommodate more efficient ways of implementing nutrition policy and services. It is assumed that changes could be implemented quickly in 2025, 2026 and 2027. This would be a combination of allocative efficiencies, i.e., funding high-impact interventions, as well as technical efficiencies, for example stakeholders working more closely to consider best practices for service delivery and reaching the most vulnerable. Moreover, to sustain a highly efficient sector, recurrent analysis and evaluation would need to be undertaken to ensure changes to population and nutrition indicators are accounted for in policy and budgeting.

ODA and blended financing

We have seen that Tajikistan has few public funds available, both taxation growth and efficiency measures take time and so there is a need to focus on external funding in the near term. At the moment, the nutrition sector is heavily donor-dependent with a variety of partners specializing in key direct nutrition interventions. This has been described in full in the budget analysis report. Table 12 gives an overview of the current level of funding, expected longevity and stability of funding.

Tajikistan is already at middle-income country and international ODA generally prioritizes lower income countries and fragile states. Therefore, it is not expected that new swathes of funding will be available for nutrition over the longer term. However, the sector has a varied set of partners and some substantial and sustainable funding to rely on.

Advocacy measures should focus on continued good relations with the existing partners to ensure sustainability as well as new funding in niche areas from specialized partners. To garner greater external support, the government can adopt a number of advocacy measures, for example:

- **Near-term communication:** Keep communication and data flows with the existing partners to understand their views and concerns about how policy and programmes are being implemented, and whether partners will reduce their funding or leave the sector in the near future.
- **Short-term stakeholder mapping:** A mapping of all stakeholders needs to be carried out, i.e., a more detailed and thorough analysis more than what is shown in Table 11. This should include those currently supporting the sector, those recently in the sector but have removed funding and those who may be interested in funding but currently do not. It should possibly take into account the areas of interest that an existing, or potential, partner does not fund but would be interested in doing so. A mapping of the entire sector could be useful to ensure that there are no duplications or provide a clear picture of where funding gaps exist. Moreover, it can be referred to when emergency situations arise for additional funding needs.
- **Medium to longer term investment in impact-based funding:** As the present Plan is coming to an end in 2025, stakeholders can use the Plans' coordination mechanism and regular meetings to discuss the findings of this analysis and what they will mean for a new nutrition policy. This can lead to a reprioritization of policy and financing towards more high-impact interventions. The emphasis on evidence and impact will convey a level of seriousness to development partners, both in terms of nutrition as a problem to be overcome and attention to value for money, may provide greater trust in the government and an impetus to increasing funding.

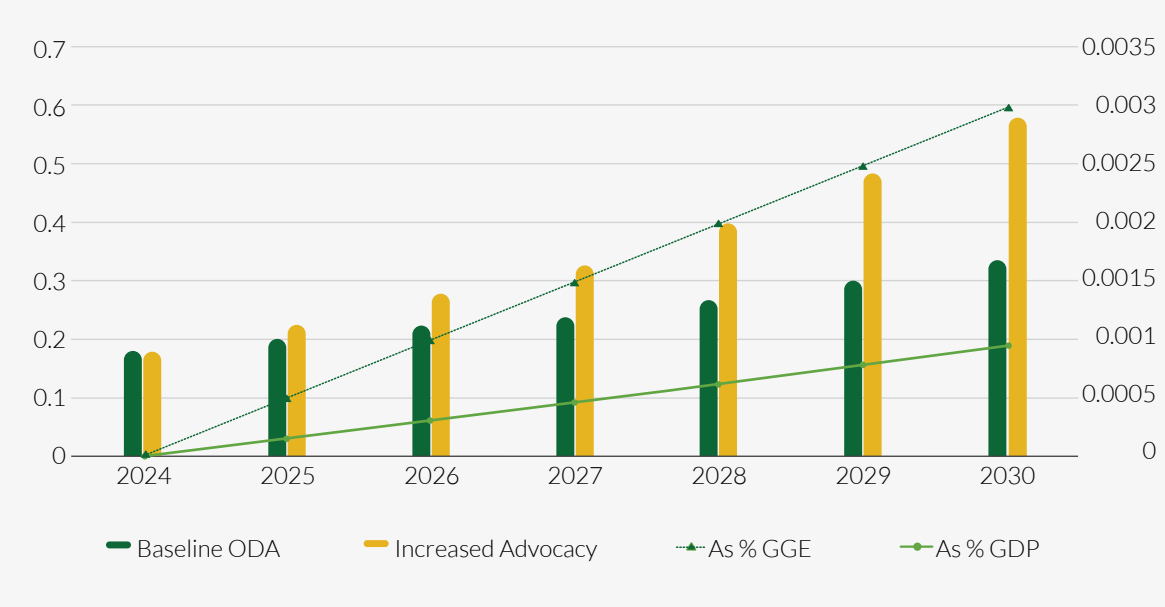
Table 11: Development partner support in nutrition

Development partner	Focus	Level, sustainability and stability of funding
GIZ	Supporting the national SUN Secretariat Education materials Behavioural change communication	Is no longer supporting the national SUN Secretariat and provides relatively small funding. No information on continued support
FAO	School-feeding programme – vegetable gardens Training	Support is relatively small but expected to remain
UNICEF	Micronutrient supplements Breastfeeding support Treatment of SAM and MAM Salt iodization Immunization WASH for Health	Substantial funding across multiple direct, i.e., essential, nutritional interventions. Expected to remain over the medium to longer term. Stability in programmes as funding usually across a three-year country programme
USAID	Agriculture Prevention and management of MAM WASH supply Nutrition MIS Capacity building	Substantial funding across multiple direct, i.e. essential, nutritional interventions. Expected to remain over the medium to longer term. However, their funding priorities from headquarters can change year on year
WFP	School-feeding programme Wheat flour fortification Prevention and management of MAM	Substantial and sole external funder for school-feeding programme, which is reliant on Russian government funds. Reports of difficulties in reaching an agreement to continue at the end of 2023 but confirmed for the near term. Potential risk for sustainability. Additionally, medium-term plan is for the government to fund feeding programmes, reducing dependence on external funds.
World Bank	TSA reforms support Agriculture Micronutrient supplements Food fortification	Substantial supporter with targeted assistance and funding. Expected to continue over the longer term.

Source: Authors' own compilation from interviews with key stakeholders

The projected rise in ODA as a result of a continuous advocacy plan for nutrition is displayed in Figure 18. The underpinning assumption is that ODA stays relatively constant as a share of GDP – rising only slightly. This will allow a nominal rise, which would be expected given inflation over time. Retaining and raising support at this level is an optimistic projection and would require much effort in advocacy measures to gain consistent levels of support as the country continues to grow as a middle-income country. The support to nutrition averages at 0.14% of GDP over the time period. This would close the financing gap by 7.5% by 2030.

Figure 18: Projected impact of advocacy on ODA for nutrition (billion TJS)



Source: Author's own projections.

Given the limitations for grant-based support from external partners, there is the new growing option of innovative ideas for social sector blended financing such as thematic bonds and public–private partnerships (PPP). These include blended finance options such as PPPs, social impact bonds (SIBs), green or climate bonds and sustainability bonds where there is a mix of investors – government, private sector, philanthropical organizations and ODA. These instruments have different costs and benefits associated with them and are suited more to certain sectors and projects than others[74]. The Costing, Cost of Inaction and Fiscal Space Analysis report has further information and discussion around this.

Analysis and interviews would have to be conducted to investigate whether there is general support and interest in these types of innovative financing mechanisms and found that there is much that needs to be done before bonds can be practical. For example, authorities will need to improve their contract management capacities and monitoring and evaluation (M&E) to ensure any benefits arise from increased collaboration with the private sector and use of new innovative financing mechanisms. And much time and effort is required to create appropriate projects for the issuance of a green bond (can be three to four years). Finally, at present the macroindicators clearly highlight that increasing debt would not be a realistic financing option as there is a continued risk of debt distress. For this reason, the FSA does not extend to estimating the potential funds from these blended financing mechanisms.

In sum, the external funding seems to be a continued source of funding for nutrition; however, it's not necessarily sustainable over the medium to longer term. Strong and focused advocacy to provide assurances to all the existing and potential stakeholders is essential to ensure that

[74] Climate Bonds Initiative (2022). Climate Bonds Initiative Social and Sustainability Bond Database,. Available online: https://www.climatebonds.net/files/files/CBI-Social-and-Sustainability-Bond-Methodology-14092022.pdf, accessed 15th March 2024.

support is ongoing. Much evidence for using advocacy can be found in the analysis in this report and will be useful for developing the new Plan. Moreover, development of a new Plan provides a great opportunity to gain greater support for more cost-effective and output-efficient nutritional programmes.

5.3.2. Financing for closing the gap

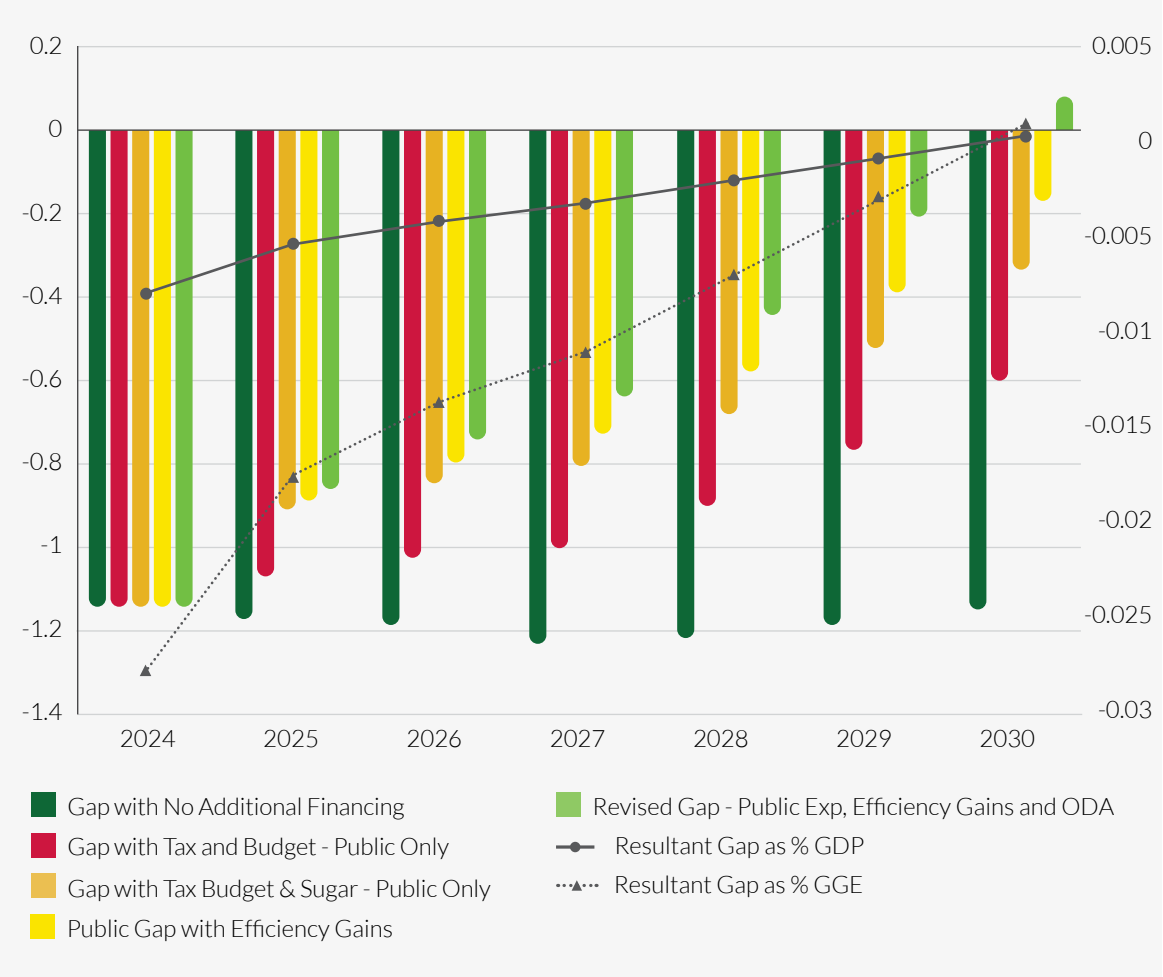
Taking all the funding options together, we are left with the scenario described in Figure 20 for the nutrition financing gap. This includes the financing by the government and donors. It also considers the scenario where interventions are scaled up to meet national and international nutrition goals by 2030. This infers a higher cost that set out in the Plan and the baseline scenario. The financing projected to maximize fiscal space for nutrition can be explained in the following steps:

1. **The original financing gap (dark red bar chart) is the resultant gap from scaling up interventions and costs:** The gap is projected to average TJS 1.2 billion per year from 2025 to 2030, which is 0.6% of GDP. This includes both public and external funding.
2. **The next bar chart (red) shows how the gap can be reduced through government funding alone.** Raising the domestic tax revenue by 0.2 percentage points a year and raising the budget allocation to nutrition from 1.3% of GGE to 2.3% by 2030. This could half the gap by 2030. Therefore it is clear that public funding is insufficient to cover nutrition needs in the medium term.
3. **The third bar chart (gold) shows the sum of the government's actions (in point 2 above) with the potential resources from earmarked taxes.** The sugar levy, 0.1% of GDP, could reduce the financing gap by a quarter by 2030. In the unlikely situation of the GoT implementing all the new taxes on top of raising budgetary allocations and imposing a sugar levy, the financing gap would be reduced by 70% by 2030.
4. **The fourth bar chart (yellow) takes the situation in point 3 above and adds renewed efforts of the government to improve efficiency.** This is modelled by reducing the costs and this alone could reduce the financing gap by 15% by 2030.
5. **The final bar chart (green) takes all measures from the government and efficiencies into account and adds the financial contributions from ODA for nutrition.** With the assumption that external funding remains stable as a share of GDP over the time period and in addition to the government financing initiatives, the costs for nutrition can be covered by 2030.

The projections suggest that the government can make substantial and sustained financial contributions to the nutrition sector to reach nutrition goals by 2030; however, in the medium term, continued external support is required. With persistent efforts to improve tax revenues, raise budget allocation to nutrition, possibly impose an earmarked levy and improve efficiencies throughout the sector, Tajikistan can meet the nutritional needs of the population and move towards a more healthy and productive future.

Finance Hub, <https://sdgfinance.undp.org/sdg-tools/thematic-bonds-green-blue-sdg-islamic-frameworks>;. International Capital **Markets Association,** <https://www.icmagroup.org/assets/documents/Regulatory/Green-Bonds/June-2020/Mapping-SDGs-to-Green-Social-and-Sustainability-Bonds-2020-June-2020-090620.pdf

Figure 19: Closing the financing gap for nutrition (billion TJS)



Source: Author's own projections.

06 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Despite improvements in nutrition indicators in recent years Tajikistan continues to have malnutrition prevalence rates almost double that of Eastern Europe and Central Asia. The social and economic costs associated with poor nutrition underscore the imperative for transparent and sustained public funding in nutrition programmes. Increased investment in high-quality nutrition interventions across the sectors than influence maternal and child nutrition will promote human capital development and reduce the impact of negative health outcomes. The study reveals the need to mobilize investment for nutrition programmes which is found to provide benefit–cost advantages in the long term.

However, analysis of spending on nutrition suggests marginal increases over the past five years at best (upper bound) and a decrease at worse (lower bound). Tracking the exact expenditures linked to nutrition in Tajikistan is challenging due to the multisectoral nature of nutrition programming and the budget structure. A key critical finding is that high-impact nutrition programmes reliant on commodities are solely funded by DPs and are experiencing declining financial support. This combined with a lack of clearly identifiable budget lines for nutrition across sectors reveals an unsustainable financing environment for nutrition.

The Plan, which underpins policy and financing for nutrition, lacks specific, measurable, and time-bound activities, as well as strong coordination, associated costs for implementation and an M&E framework. Understanding how much is being spent on nutrition is a critical first step, however without strong evidence on the impact and costs of the Plan, these interventions may remain underfunded, the strategy not operationalized, and the strategic objectives and implementation targets may be at risk. To provide nutritional benefits to Tajikistan people, the current study makes a significant contribution by quantifying the costs and long-term economic benefits of nutritional interventions. The evidence produced by this study will allow decision-makers to understand the cost–benefit ratio of the Plan, as well as the level of investment required over time to achieve and maintain the target level of coverage until 2030.

To meet nutrition targets by 2030 requires an investment of TJS 15.2 billion, approximately USD 1.4 billion between 2024 and 2030. Scaling-up interventions associated with the Plan would result in averting a substantial number of malnutrition cases and DALYs (when compared to current policy path). If Tajikistan did not implement the Plan, it would forgo benefits of over TJS 4.6 billion over the period. Further, for every TJS 1 invested in nutrition between 2024 and 2030, an impressive TJS 4.1 in socioeconomic benefits is expected. The returns on investment grow even more compelling over time. By 2041 to 2050, the return on investment climbs to TJS 6.9 for every TJS 1 spent. This escalating return underscores the long-term value and sustainability of investing in nutrition.

When comparing projected spending projections (TJS 7 billion) against these costs, additional sustainable funding of TJS 8.3 billion is required between 2024 to 2030. This is equivalent to an additional TJS 108 (USD 9) per capita on average each year, or an additional 2.2% of GGE. To cover this financing gap the FSA projections suggest that the government can make substantial and sustained financial contributions to the nutrition sector to meet its needs over time. These include persistent efforts to improve tax revenues, raise budget allocation to nutrition, possibly impose an earmarked levy and improve efficiencies throughout the sector.

With greater public funding Tajikistan can meet the nutritional needs of the population and move towards a more healthy and productive future, however, in the medium term, continued external support is required. There is a strong economic rationale for sustained public investing in nutrition as it increases productivity over people's lifetimes, which outweigh the short-term monetary investments. External funding is essential in the short term but not sustainable. Medium to longer term considerations to increase government funding and so the predictability and stability of nutrition funding is essential to ensure the health, social, and economic benefits.

Recommendations

Given the need to increase public funding for nutrition the PFM systems in Tajikistan must be improved to overcome limitations in effectively analysing and tracking nutrition expenditures. The current Plan has limitations within its structure that impedes its practical implementation and there exist systematic challenges across various stages of the budget cycle. While an overarching PFM analysis was not conducted, the identified challenges in nutrition can be viewed as opportunities for improvement, particularly when considering the various stages of the budget cycle.

The Plan is set out under four headings, each of these need to be improved to increase focus on attainment of targets. For the next generation Plan, these are the suggested improvements:

1. **Activities need a more in-depth framework, particularly for the non-tangible action points.** This can clearly show what guidelines and manuals need to be prepared, who should be trained, how frequently, and what M&E systems need to be developed. Clear annual targets for number of guideline documents produced, training undertaken, etc., so that they can be clearly reported and identified within expenditure lines.
2. **Responsible Agencies need greater authority to champion and lead coordination to implement the Plan.** To ensure political support for greater adherence to activities by MDAs a higher-level government body should be placed as a coordinator and reporting authority, for example the National Coordination Council on Health and Social Protection of the Population[75]. Moreover, there could be greater attendance from each MDA's nutrition

[75] In 2014, the Government of the Republic of Tajikistan created the high-level, inter-governmental National Coordination Council on Health and Social Protection of the Population. The Council is a coordination and consultative body which is mandated to oversee implementation of the Health and Social Protection Concept of the Republic of Tajikistan, other strategies and/or programmes in health, social protection sector, public investment programme in health and social protection, and develop/appraise projects and programmes. The Council is chaired by the Deputy Prime Minister and co-chaired by the Minister of Health and Social Protection of the Population and consists of 15 government institutions, such as the Executive Office of the President, MoHSPP, Ministry of Finance, MoLMEP, MoEDT, Ministry of Internal Affairs (MIA), Ministry of Justice (MoJ), MoES, State Committee for National Security, ASIP, Agency for State Financial Control and Fight Against Corruption, and others. The Council meets at least twice a year.

focal point at each coordination meeting to report quarterly findings on action points. The MoF should also be included in the Plan and coordination meetings, this will highlight the issues around lack of financing. Additionally, there should be strengthened coordination between MDAs and DPs to prevent fragmentation and duplication of services. Finally, greater information and guidance should be provided about how MDAs should work together to carry out activities towards goals.

3. **Time Frames need a baseline with quarterly and annual targets up to end 2025 to become a workable plan for each MDA and action point.** This should clearly outline what, how, when, and by whom within a specific, measurable, achievable, realistic and time-bound framework. This can also help create greater coordination and lessen fragmentation discussed under responsible agencies above.
4. **Financing sources should be clear, cost based, and increased.** Government should allocate new funding for nutrition based on this costing exercise and greater information should be shared on financing to highlight gaps. More details of existing external funding should be transparent within the Plan to ensure ongoing communication for nutrition interventions. This will provide greater clarity on which activities and responsible agents will be able to achieve goals under the set time frame.

Moreover, there are areas within the PFM system and budget cycle that can be improved specifically to enhance the implementation of the Plan:

Policy Review and Planning:

5. **Use evidence such as DHS 2023 data to identify priorities and advocate for more funding** – New DHS data on nutrition will be published in 2024 (linked to recommendation 8). This outcome evidence should be used – in conjunction with this report findings - to reassess the Plan's actions points and advocate for greater budget allocations and the prioritized needs for nutrition.
6. **Over the next year and a half, a new action plan from 2026 should be developed and incorporate identified priorities, costing, scaling up, and stronger M&E** – This is sufficient time to develop a new Plan. The following should be considered:

- Utilize costing and impact assessment information to prioritize interventions for greater impact.
- Use costing estimates to guide the financing of each intervention, ensuring specific budget lines are associated with each one. This could involve creating new budget lines, introducing nutrition tagging, or developing existing budget lines with nutrition funds.
- Clearly disaggregate the actions required for each intervention and delegate responsibilities directly to stakeholders to enhance accountability and reporting.
- Improve M&E so that performance across interventions can be more easily measured each quarter, identifying and resolving implementation challenges. This involves creating Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) indicators.

Budget Formulation and Execution:

7. **Use the results of the costing to inform budget formulation** (annual) – The results of the costing of the Plan presented in this report should be used to inform allocations towards nutrition programmes. Additionally, it will be beneficial for each MDA to clearly allocate budget to individual nutrition areas within their remit.
8. **Use evidence in budget formulation and negotiations** (ongoing) – Use regular administrative data, DHS outcome information, costing, and past expenditure data to build an evidence-based argument for greater budget allocation. The regular meetings of MDAs and DPs under the Plan can be used as a platform to discuss evidence and how to best utilize this to gain attention for nutrition in all cross-cutting sectors. The national SUN Secretariat should be used as a key partner in supporting this process. Periodic meetings aligned with the budget cycle could facilitate compilation of all data and information to create stronger arguments. The evidence-based budget requests will then need to be negotiated with MoF.
9. **Ensure nutrition is an identifiable sector within the programme budgeting and track spending** –Although the current budget is input-based, the Government of Tajikistan has released a decree on programme budgeting in 2018. Programme budgeting is currently being piloted in education; health; social protection; energy; agriculture, fishery and hunting; and transport and communications.[76] However, at the moment the decree does not include any nutrition component.[77] At this critical juncture, where programme budgeting has not been implemented fully and is still in its pilot phase, it is important to advocate to MoHSPP and the MoF for particular budget lines/codes to be aligned with the Plan's action points, major objectives, or at the very least, have one budget code attached to nutrition programming per subsystem (responsible ministry).[78] This will facilitate future tracking of resources that are allocated towards nutrition-responsive programmes and interventions. A more immediate measure would be to utilize the budget call circular (budget instructions). This is currently taking place for the 2025–2027 medium term budget. UNICEF and other DPs are working with MoF to add a provision in the instruction to tag budget lines associated with SDGs and children in MDAs' (social sector mainly) budget request forms. Within certain sectors this will have clear linkages to nutrition.
10. **Improve holistic coordination of on- and off-budget external support** – Given the critical need for external funding for nutrition it is essential that coordination improves. Each nutrition subsector works with its DP counterpart, however, there is no overarching view on funding flows to the sector and importantly their future projections. A mapping of the different DPs and their activities could improve oversight of any duplications or gaps that

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[76] World Bank & Ministry of Finance of the Republic of Tajikistan (2022). Public Expenditure and Financial Accountability Performance Assessment Report. Available online: https://www.pefa.org/node/5068, accessed 16 January 2024

[77] Examples of programmes in the decree (Appendix 1 to the Order of the Ministry of Finance of the Republic of Tajikistan from May 23, 2022, No. 83) under health include: Prevention and healthy lifestyle, immunization, reproductive health, mental health, HIV/AIDS, cancer, cardiology, drug addiction.

[78] Action Against Hunger; Save the Children; SUN Senegal (2017). Nutrition Budget Advocacy: Handbook for Civil Society. Available online: https://www.actioncontrelafaim.org/wpcontent/uploads/2018/01/exe_2_bdef_handbook_nba.pdf. Accessed: 30/11/2023, accessed 1 May 2024.

area result of individual DP actions, as well as any near-term commitments the government will need to pick up. Working with the mapping and the government spending for nutrition by sector can then help to improve the sustainability and coverage of external funding. Working more closely with planning (identifying priorities and gaps), budgeting (working on advocacy for MoF funding) and reporting (improved data and evidence for nutrition) can be done formally within the Plan coordination meetings each year or quarter.

Monitoring Data and Evaluating Impact:

11. **In order to monitor and improve implementation, MDAs should be producing quarterly or annual action plans detailing activities with estimated timelines and expected outcomes** - Currently, no MDA that was interviewed creates such an action plan. These MDA-specific plans could improve clarity on progress within the implementing MDA, DPs, and the MoHSPP and highlight problem areas. They should be aligned with the overarching Plan, and so the Plan will have an improved M&E with SMART indicators for each sub-sector. These sub-sector specific plans should be created not only to monitor but to also consider how effective these activities are in producing the expected outcomes or impact. Therefore, they should be designed with the appropriate outcome or impact indicators to measure performance. This should be evaluated regularly, discussed in the Plan coordination meetings, and plans / interventions amended to ensure nutrition goals are met. The existing M&E plan associated with the Plan should be reviewed and updated to facilitate this process.
12. **Use DHS 2023 and routine data collection (District Health Information Software) to assess the nutrition outcomes** - DHS 2023 will provide first nutrition impact data since 2017, this should be used to analyse how past performance has impacted nutrition indicators. It can also be used to consider the priority areas for refocusing efforts within the Plan (linked to recommendation 1). More regular source of nutrition outcome information should be collected and monitored.

Lastly, it's crucial to advocate for increased financing for nutrition within this system. Nutrition stakeholders must collaborate to leverage evidence in support of greater budget allocation for nutrition. Consideration should be given to identifying key stakeholders and crafting compelling evidence, whether it's demonstrating low outcomes (e.g., from DHS 2023), highlighting the cost of inaction (e.g., loss of economic growth), showcasing impacts on children and development (e.g., reduced mortality and DALYs averted), or emphasizing the unsustainability of relying solely on external funding sources, which poses a risk to nutrition services' long-term viability.

ANNEX 1 DATA USED IN THE BUDGET AND EXPENDITURE ANALYSIS

Table 12: Summary of data used in the budget and expenditure analysis by system, programme and funder

System	Programme	Impact on nutrition outcomes (Direct / indirect)[79]	Government	USAID	UNICEF	WFP
Health	Family planning and reproductive health services	Indirect	Budget and expenditure for Reproductive Health Centres	Disbursements for Feed the Future Tajikistan Health and Nutrition: birth preparedness and maternity service, newborn care and treatment, treatment of obstetric complications and disabilities; Healthy Mother, Healthy Baby Activity in Tajikistan: birth preparedness and maternity services, newborn care and treatment, treatment of obstetric complications and disabilities		
	Maternal and child micronutrient supplementation, including home fortification (vitamin A, iron and folic acid)	Direct			Disbursements for vitamin A	

[79] Based on classification of the Lancet framework in Annex 1

System	Programme	Impact on nutrition outcomes (Direct / indirect)[79]	Government	USAID	UNICEF	WFP
	Management of acute malnutrition and treatment of severe acute malnutrition	Direct		Disbursements for Prevention and management of moderate acute malnutrition		Treatment of moderate acute malnutrition SBCC in support of treatment of moderate acute malnutrition
	Support for early breastfeeding initiation, promotion and support of exclusive and continued breastfeeding, and promotion of age-appropriate complementary feeding practices	Direct		Disbursements for Feed the Future Tajikistan Health and Nutrition: Promotion of improved nutrition practices		
	Disease prevention and management	Indirect	Budget and expenditure for Republican Nutrition Centre, Centres for Healthy Lifestyle Development, Republican Centres for Children's Health, Children's Hospitals, IMCI Centres, Family Medicine Centre	Disbursements for Feed the Future Tajikistan Health and Nutrition: Treatment of child illness; Healthy Mother, Healthy Baby Activity in Tajikistan: Treatment of child illness; Healthy Mother, Healthy Baby Activity in Tajikistan: treatment of child illness	Tajikistan - Prevention and Management of Childhood Illnesses; Introduction of the Inactive Polio Vaccine (IPV); Improving maternal, neonatal, child health srv, 4 districts, Khathlon; Nutrition Thematic Pool (acute malnutrition treatment); GAVI Partners' Engagement Framework for 2017-2018 Targeted Country Assistance (immunizations).	

System	Programme	Impact on nutrition outcomes (Direct / indirect)[79]	Government	USAID	UNICEF	WFP
Social protection	Poverty alleviation strategies	Indirect	Budget and expenditure for social assistance			
	Child protection and support services	Indirect	Budget and expenditure for orphanages			
Food/ agriculture	Household food security	Indirect		Disbursements for Feed the Future Tajikistan Agriculture and Water: Nutrition-sensitive agriculture; Market Driven Rural Development (MDRD) Activity; Feed the Future Tajikistan Agriculture and Water: Promotion of improved nutrition practices.		
	Iodized or other micronutrient fortified salt	Direct			Disbursements for elimination of Iodine Deficiency Diseases	
	Biofortification and agronomic fortification	Direct		Disbursements for Tajikistan Nutrition-Sensitive Vegetables Technologies Activity		
Education	Nutritional interventions in schools	Direct	Budget and expenditure for school feeding programme			Providing nutritionally balanced school meals to targeted school children Provision of SBCC in support of the school feeding programme

System	Programme	Impact on nutrition outcomes (Direct / indirect)[79]	Government	USAID	UNICEF	WFP
Water and sanitation	Water, sanitation and hygiene interventions	Indirect	Budget and expenditure for water and sanitation transfers	Disbursements for Thrive Tajikistan: safe water access, basic sanitation, water resources productivity; USAID Rural Water Supply in Tajikistan; Feed the Future Tajikistan Health and Nutrition: Household Level Water, Sanitation, Hygiene and Environment; Healthy Mother, Healthy Baby Activity in Tajikistan: household level water, sanitation, hygiene and environment.	Disbursements for WASH in support of early years	
Enabling/ cross-cutting	Healthcare or other system strengthening, data system strengthening, community mobilization, monitoring, evaluation and accountability	Indirect		Disbursements for Feed the Future Tajikistan Agriculture and Water: Agricultural Sector Capacity; Healthy Mother, Healthy Baby Activity in Tajikistan: Cross-cutting health system strengthening; Feed the Future Tajikistan Health and Nutrition: information systems, capacity building, health system strengthening; DHS-8 (Field Support) in Tajikistan: Host Country Strategic Information Systems (Nutrition).	Disbursements for Young Child Survival and Development; Support the implementation of the Health Systems Strengthening; UNAIDS UBRAF Country Envelopes 2018-2019 (PMTCT training).	Capacity strengthening of government institutions and schools to implement social protection programmes

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