FINDING THE COMMUNITY VOICE

FOOD SECURITY, COMMUNITY CAPACITY AND THE
UNITED NATIONS WORLD FOOD PROGRAMME: TAJKISTAN

International Development Studies Capstone Report
Elliott School of International Affairs
The George Washington University
CHRISTY FORSTER • BO KNUTSON • STEPHANIE POTTER
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Thank you! Tashakur!
ACRONYMS

• AKDN - Aga Khan Development Network
• AKF - Aga Khan Foundation
• DOTS - Directly Observed Treatment Short-Course
• DRD - Directly Ruled Districts
• EFSA - Emergency Food Security Assessment
• EMOP - Emergency Operation
• FAO - Food and Agriculture Organization
• FFE - Food For Education
• FFH-TB - Food For Health for Tuberculosis Patients
• FFW - Food For Work
• GBAO - Gomo Badakhashan Autonomous Oblast
• GDP - Gross Domestic Product
• GHI - Global Hunger Index
• GWU - The George Washington University
• IDS - International Development Studies
• IFPRI - International Food Policy Research Institute
• LIFD - Low Income Food Deficit
• MDR-TB - Multi-Drug Resistant
• MFI - Moderately Food Insecure
• NGO - Non-governmental Organization
• NTP - National Tuberculosis Programme
• NNS - National Nutrition Survey
• PLA - Participatory Learning and Action
• PRRO - Protracted Relief and Recovery Operation
• PTA - Parent Teacher Association
• SFI - Severely Food Insecure
• SO - Strategic Objective
• TB - Tuberculosis
• THR - Take-Home Ration
• TJS - Tajik Somoni (currency)
• UNICEF - United Nations Children’s Fund
• USAID - United States Agency for International Development
• USD - United States Dollar (currency)
• VGF - Vulnerable Group Feeding
• WFP - World Food Programme
• WHO - World Health Organization
EXECUTIVE SUMMARY

Reeling from a recent history of shocks, including natural disasters, drought, plummeting remittances, and persistently high food and fuel prices, the nation of Tajikistan remains in a position of perilous vulnerability. The citizens of Tajikistan experience the effects of these shocks in the form of mounting poverty, high unemployment, chronic energy shortages, and poor crop cultivation. Out of a total population of 7.3 million people, roughly 2.2 million are food insecure.¹²

The World Food Programme (WFP) is the food aid organization of the United Nations, and the agency mandated to eradicate hunger worldwide. WFP operations in Tajikistan aim to improve household food security, promote investment in human capital and provide food aid to the victims of natural disasters.

This Capstone project represents a collaborative effort between WFP Tajikistan and a graduate research team from the International Development Studies (IDS) Program at The Elliott School of International Affairs at the George Washington University in Washington, DC. The Capstone experience serves as the culmination and final requirement for the IDS, Master of the Arts.

Primary data collection for this study occurred in March 2009 within three districts of Tajikistan, including eight rural villages and one district capital. Research methods were qualitative in nature and included focus group sessions, key informant interviews, and transect walks.

The goal of this study was to give voice to the rural Tajik poor. The principal objective was to elicit community perceptions of WFP programming, including how programming had affected the lives of beneficiaries and how stakeholders believed operations could be strengthened to more effectively target household and community needs.

The research team focused on four of WFP’s programs in Tajikistan: Food for Education (FFE), Food for Work (FFW), Vulnerable Group Feeding (VGF) and Food for Health for Tuberculosis patients (FFH-TB). The following questions steered the field research:

- What is the perceived impact of food aid provided through WFP programs?
- Aside from food aid, what do communities perceive as additional benefits of WFP programming?
- According to local stakeholders, how can WFP programming be improved?
- How do communities in which WFP programming is absent compare to those in which programming is present? Do they have similar or distinct perceptions of community problems and do differences exist with regards to their perceived capacity to cope with problems and vulnerability?

While analyzing the findings from the field, the research team drew on WFP program documents as well as a wide range of scholarly and professional sources. Based on the analysis, the Capstone team drafted a series of program-specific recommendations intended to inform WFP’s design of the upcoming Protracted Relief and Recovery Operation (PRRO). Though diverse, several themes emerged across these recommendations, including: addressing communication gaps between WFP program beneficiaries and other local stakeholders, strengthening program processes and implementation of projects, and fostering local ownership and sustainability of program benefits through strengthened partnership with the community. The complete set of recommendations follows.
PROGRAM RECOMMENDATIONS

Food – for – Education (FFE)

1) **Continue in-school feeding component of FFE in the upcoming PRRO** – due to benefits to attendance, academic performance and child nutrition. We recommend continuing the program in schools that currently receive aid and are meeting WFP requirements. For those schools that are not complying or unable to meet the requirements, an assessment for continuation or discontinuation is indicated.

2) **Increase and diversify the ration** – per the request of parents, teachers, and beneficiaries to include other commodities such as rice, sugar, and macaroni. Vegetables and dairy products, if they are provided, should come from the communities. Explore the possibility of providing a ready-to-eat, micro-nutrient fortified biscuit as a mid-morning snack, especially in highly food-insecure districts.

3) **Partner with UNICEF to provide non-food items in conjunction with FFE** - for particularly vulnerable children in both primary and secondary school to include items such as stationery, textbooks, winter clothes, and shoes. According to the data collected by the research team, shoes seemed to be a high priority, but a broader survey of recipients’ needs throughout regions where FFE exists would be necessary to ensure the appropriate items are provided.

4) **Partner with UNICEF to provide hygiene and de-worming interventions in FFE-targeted schools** - to help prevent/mitigate illness and thus increase the likelihood that children are obtaining the full nutritional benefit from FFE meals. In addition, WFP is encouraged to include observation of latrines and pre-meal hand-washing behavior among their FFE monitoring activities.

5) **Improve communication with headmasters and other stakeholders:**
   - Regarding norms and processes associated with FFE in-school feeding, such as he rules regarding using part of the ration as a mid-morning snack.
   - Regarding secondary take-home ration program – requires clarification with regard to who is responsible for setting the attendance requirement for girls to receive the take-home ration, what exactly this attendance should be, what qualifies as a “reasonable excuse,” who is responsible for alerting the beneficiaries to the requirement, and who is in charge of enforcing the requirement. This is important for ensuring that the purpose of the program is met and that beneficiaries benefit, not only from the food ration, but from the educational benefit that the incentive should facilitate.

The above could be achieved by WFP sub-office staff and FFE government point people who would distribute information to headmasters regarding these requirements and would post program information in the schools, community centers and other public places.
6) **Further study of take-home ration program participants** – would provide WFP with important information about the educational and livelihood impacts of the program. Studies could take the form of:

- A case-control study to gauge the willingness of families to send their children to secondary school in the absence of food provision. Tracking attendance rates with and without the take-home ration may give WFP more insight into the effectiveness of the incentive.

- A longitudinal cohort study of former THR participants to track whether they continue on to high school, higher education, and which types of work or careers they pursue. With proper controls, WFP will be able to assess the impact of completed secondary education on further educational pursuits and careers.

7) **Link former take-home ration participants to other WFP programs** – Because of limited opportunities for continuing education and career development for girls in Tajikistan, as well as high female unemployment rates, consider developing Food for Training (FFT) programs that would focus on former THR recipients to develop skills for self-employment such as sewing, baking, or handicrafts. Such opportunities for skill development and income generation could increase the effectiveness of the THR ration by providing an added incentive for the completion of secondary school.

8) **Integration of FFW for rehabilitation of school infrastructure** – In FFE-targeted villages where deteriorated school infrastructure (including classrooms, latrines, and canteens) has been identified as a significant community problem, consider implementing Food For Work projects (which could potentially target parents of students) to rehabilitate structures and/or create new ones. Improved structural environments that are more conducive to learning would amplify the benefits of improved concentration and learning provided by the FFE in-school meal.

**Vulnerable Group Feeding (VGF)**

**Related to perceived causes of vulnerability:**

1) **Contribute to the long-term reduction in the scope and depth of vulnerability by targeting main causes of vulnerability as perceived by rural communities:**

- **Unemployment:** In current VGF-beneficiary communities, explore the possibility of introducing Food for Training (FFT) programs to provide VGF beneficiaries with skills for self-employment (i.e. sewing, baking, etc.); consider partnering with a microloan/credit institution to provide participants with the means to capitalize on their skills. By addressing a major underlying cause of vulnerability (lack of income), a program of this nature has the potential of reducing vulnerability in the long-term.

- **Large family-size with many young children:** Explore the possibility of partnering with the United Nations Population Fund (UNFPA) and the Ministry of Health to
increase access to reproductive health and family planning education and services among WFP beneficiary communities.

- **Migration of males**: Explore the possibility of partnering with UNFPA to scale up the Migrant Wives Project\(^3\) in VGF-beneficiary communities to help women, who have become vulnerable as a result of male migration, become economically independent.

**Related specifically to the VGF program:**

**To increase transparency and accountability:**

2) *Offset domination of village leader and encourage increased social cohesion* - by *requiring*, as a prerequisite for inclusion, that each beneficiary community elect a committee, consisting of members from vulnerable households, to assist with VGF activities such as drafting preliminary lists and notifying beneficiaries of distributions;

3) *Require the community posting of beneficiary lists* - before the distribution period, require that each community VGF committee post, in a public place, the list of targeted beneficiaries, the composition and quantity of the ration they are supposed to receive, and the day/time they are to go and retrieve the ration;

4) *Conduct Purposive sampling* - during post-monitoring activities, purposely sample remote villages where issues of diversion and poor targeting may be higher;

5) *Hold local leaders accountable* - if WFP discovers behaviors that contradict protocol, including the redistribution or hoarding of food, alert the community of the wrong-doing; notify the community that as a prerequisite for inclusion in future distributions, the leader in question must be prohibited from participating in any part of the VGF process, from drafting lists to distributing food.

**To improve targeting of vulnerable groups:**

6) *Encourage use of ‘insider knowledge’* - in drafting beneficiary lists, encourage VGF committees to use WFP criteria as a guideline but also supplement these criteria with their ‘insider-knowledge’ of local vulnerability.

7) *Allow for one/a few community member(s) to retrieve rations for all community beneficiaries* - acknowledge the necessity among many communities, especially those that are isolated, to have one person/group pick up rations for all beneficiaries in a community; change official protocol to allow for this but require that a WFP monitor accompany the person/group back to the village to verify the distribution within the community in order to reduce problems of diversion.

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To amplify the impact of VGF on livelihoods:

8) **Provide larger rations to larger households** -- budget permitting, adjust the ration scale so that large households (i.e. six members plus) receive a proportionately larger ration than those with four or five members

9) **Provide earlier notification of pending distributions** -- as far in advance as possible, inform the Jamoat and VGF committees of the time/date of the forthcoming distribution and require that they immediately inform beneficiaries.

10) **Investigate the potential for VGF to produce sustainable livelihood results** -- conduct further research to assess how, and under what circumstances, VGF could be leveraged to promote long-term livelihood improvements; if research indicates, consider broadening VGF targeting criteria to include ‘less vulnerable’ or the ‘moderately food-insecure’ for whom food rations may serve to help to escape “poverty traps.”

**Food – for – Work (FFW)**

In order to strengthen current program processes:

1) **Improve basic communications with communities and sub-district governments regarding FFW application procedures and requirements** -- provide descriptions of examples of previous successful FFW projects, along with information about costs and provision of materials; this would help communities understand the program better, assess their own capacity to implement FFW, and raise the quality of FFW project proposals.

2) **Consider adjusting the ration distribution schedule** – consider distributing the ration in installments, with the first distribution occurring prior to project initiation, in order to enhance participants’ physical ability to participate in daily labor.

3) **Encourage enhanced female participation in FFW** – advocate for increased female presence among FFW committees and support women in creating flexible schedules for their participation in FFW activities.

When considering opportunities for expansion of FFW activities:

4) **Assess the feasibility and need for implementing female-only FFW projects**-- in regions/districts/villages with a particularly high proportion of female-headed households, assess women’s perceived capacity and desire to participate in FFW; involve women in the design and management of projects.

5) **Consider broadening the geographic scope of FFW implementation**- to include communities in Faizobod, and other districts not currently receiving WFP assistance, that have considerable infrastructure needs along with demonstrated community capacity and motivation.
6) **Integrate FFW into VGF communities** – depending on community dynamics and the characteristics of vulnerable populations, consider maintaining VGF support after FFW integration and/or consider targeting FFW directly at vulnerable groups with projects designed to build household assets.

7) **Integrate micro-finance** – seek greater engagement with national and international organizations that facilitate group microloans and microfinance initiatives to target resource-poor communities with FFW projects.

8) **Use the FFW model to promote natural resource management** – form partnerships with local/international organizations that have the technical capacity and know-how to design and implement NRM projects that will help to avert the consequences of future natural disasters and improve livelihoods.

9) **Assess the feasibility of local procurement in a Purchase for Progress (P4P) arrangement** – develop indicators that could be used to assess the agricultural output of FFW projects that have impacted yields and production. Review similar WFP experiences with P4P programs globally to assess the program’s viability for Tajikistan.

10) **Assess the potential for harnessing the capacity of returned laborers** – conduct further research among community leaders as well as returned laborers themselves to determine how best to engage returned migrant laborers in projects to promote community development.

11) **Consider prioritizing lower-cost FFW projects over those that require greater financial and material inputs** — projects such as the rehabilitation of irrigation canals require less technical and material inputs, and yet have the potential to significantly impact long-term food security on a broad scale.

**Food–for–Health, Tuberculosis (FFH-TB)**

Tuberculosis poses a large and growing threat to the health and welfare of Tajikistan’s population. Controlling this threat, and preventing the emergence and spread of resistant strains of TB requires strict, evidence-based, coordinated action among collaborating institutions and organizations. WFP’s intentions are good – using food to positively influence patient behavior. However, it is important that WFP acknowledge two critical points. First, a ration of food offered to a TB patient is not an incentive unless the patient perceives it to be one. Second, due to the nature of the disease, the potential consequences involved with not fully understanding stakeholder opinions and perceptions of FFH-TB are severe; they are much more severe than the consequences that could potentially arise from misperceiving the opinion of stakeholders of other WFP programs.

It is critical that WFP re-evaluate its role in national TB control efforts and determine if their resources wouldn’t be better utilized through a different incentive scheme to target TB control or through a different program all-together. Two sets of recommendations follow. The first set assumes that WFP will continue to implement FFH-TB. However, if WFP is unable to increase funding for FFH-TB, or alternatively, reduce the number of centers they currently support, they are encouraged to consider the second set of recommendations.
I. Continue providing food incentives for TB patients, but:

1) **Advocate for a transition from facility-based to entirely community-based DOTS** – to help overcome perceived barriers to treatment seeking and adherence associated with inpatient treatment, such as time away from family members, distance, inability to access a sufficient amount of food, and other opportunity costs;

2) **Seek increased input from stakeholders in the modification of incentive schemes** – ensure incentive scheme is properly targeted according stakeholders needs & perceptions.

3) **Require non-electric cooking capabilities** – if inpatient treatment continues, require that centers located in areas with intermittent and unreliable electrical supplies procure a non-electric stove to ensure constant and uninterrupted cooking capabilities;

4) **Increase the quantity of food** – if in-patient treatment continues, increase the inpatient ration to provide 4 meals per day to address the recommendations and requests of doctors and patients, to improve the incentive to attract patients to the hospital, and to increase the possibility of successful completion of treatment; increase the quantity of the take-home ration to previous levels;

5) **Diversify rations** – if inpatient treatment continues, include vegetables, dairy products and meat in the ration in order to address TB patients’ needs for high quality foods; consider including RUTFs in the in-patient ration.

6) **Provide culturally appropriate food and preparation instructions** – consider the issue of ‘hot’ versus ‘cold’-natured foods—conduct further research to assess the extent to which TB patients and TB center staff believe that one is better than the other for TB patients; consider altering the ration composition accordingly. At a minimum, adequate training for cooks on how to prepare WFP foods in a culturally acceptable manner would help to address the patients’ dislike of “cold” foods.

7) **Seek partnerships to address non-food needs of TB patients** -- approach the Ministry of Health and other organizations and advocate for more financial support for pathogenetic medications for TB patients; explore means of providing patients with warm clothing and hygienic supplies.

II. Re-target Incentive Scheme

If WFP is unable to increase and diversify rations, and if the MoH is unwilling to work with WFP to overcome additional barriers to treatment seeking and adherence (ie. provision of stoves, provision of therapeutic medicines, etc.), WFP is strongly encouraged to consider the following:

1) **Discontinue the FFH-TB Program as it currently stands** -- in order to avoid the development of multi-drug resistant TB;
2) *Seek partnerships for social marketing and education at the village level* – explore potential partnerships with the MoH, WHO or NGOs to train community members as volunteer health educators; direct food incentives to these volunteers instead of directly to patients in order to increase community knowledge of TB prevention, diagnosis and treatment and to help overcome TB-associated stigma.
INTRODUCTION
The George Washington University Capstone Project

The George Washington University’s International Development Studies (IDS) program is an interdisciplinary Master’s program that prepares students for professional careers in the field of international development. It is designed to provide a broad understanding of, and appreciation for, current development issues and theories, as well as the processes involved in formulating policy and implementing development projects.

The two-year IDS program culminates in the completion of a Capstone project during which students assume a consulting position with an international development organization in the field. Through this project, teams are challenged to advance poverty reduction efforts around the world, taking into account the social and economic realities of the poorest inhabitants. In the fulfillment of the Capstone requirement, IDS graduate students, Christy Forster, Bo Knutson, and Stephanie Potter collaborated with the World Food Programme (WFP), Tajikistan, on research designed to gather the “community voice” as it pertained to WFP programming and overall issues of vulnerability, food insecurity and community capacity in rural Tajikistan.

Brief Background on Tajikistan

“A protracted crisis disrupts food production and destroys the foundations of people’s livelihoods, eroding the social fabric of families and communities. With public institutions often in ruins, people must fend for themselves – against the odds.”

--“Operations: Relief & Recovery (PRROs),” WFP

Since the dissolution of the Soviet Union in 1991, the small Central Asian country of Tajikistan has been trapped in a protracted crisis marked by economic collapse, civil conflict, frequent natural disasters, high unemployment and the deterioration of vital infrastructure. The inadequate production and yields of basic food crops and the frequent adoption of negative coping strategies have contributed to widespread poverty and vulnerability. National food security assessments and annual nutrition surveys have repeatedly revealed high rates of food insecurity and undernutrition. With the help of humanitarian organizations, the Tajik government is slowly building its capacity to address the population’s needs; however, basic health, education and social services remain inadequate. The recent rise in food and fuel prices, combined with the deleterious effect of the global economic crisis on Tajikistan’s largest

6 Ibid., p. 1.
8 WFP, (July 2006), p. 5.
export—manual labor—have exerted additional socio-economic stress on this impoverished nation.\textsuperscript{9,10}

**Brief Overview of WFP’s Current Operations**

The WFP is the front-line United Nations (UN) agency mandated to eradicate hunger worldwide and is the largest international organization operating in Tajikistan. Since 1993, WFP Tajikistan has provided roughly US$195 million in support of two emergency operations (EMOPs) and three Protracted Relief and Recovery Operations (PRRO). Current operations fall under **PRRO 10603.0: Transitional Relief and Recovery Support to Food-Insecure Households** in Tajikistan. According to WFP Tajikistan, the principal objectives of the current PRRO are as follows: “to save lives by meeting the immediate food needs of victims of natural disasters, to protect the livelihoods of chronically food insecure households, to address critical nutritional requirements of vulnerable groups, to increase access to education and to reduce gender disparity through school feeding, and to create sustainable productive assets to improve the household food security of the country’s most vulnerable groups.”\textsuperscript{11}

PRRO 10603.0 was initially designed to cover the period from 1 July 2007 to 30 June 2009, to assist 590,800 people with 37,697 metric tons of food at an overall cost of roughly US$23 million.\textsuperscript{12} The original focus was on recovery activities, most notably Food for Education (FFE), Food for Work (FFW), and Food for Health for tuberculosis patients (FFH-TB). Relief activities such as Vulnerable Group Feeding (VGF) and emergency disaster relief were to consume a smaller budgetary amount, being selectively implemented according to seasonal food insecurity and natural disasters respectively.\textsuperscript{13} Refer to **Appendix 1: Program Descriptions** for a description of the purpose of each of the aforementioned programs.

Since the inception of PRRO 10603.0, and thanks to successful international donor appeals, WFP Tajikistan’s operating budget has been increased by US $3.8 million to provide additional relief and support to hundreds of thousands of Tajiks affected by the ‘compound crisis’ of high food prices, harsh winter weather, droughts, and high energy prices.\textsuperscript{14} The budget revision includes the provision of an additional 44,660 MT of food and six-month extension for PRRO 10603.0, now scheduled to reach completion on 31 December 2009.\textsuperscript{15}

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\textsuperscript{11} WFP, “Transitional Relief and Recovery Support to Food Insecure Households,” (2009h).


\textsuperscript{13} Ibid., pp. 1-2.

\textsuperscript{14} WFP, “Budget Increases to Protracted Relief and Recovery Operations: Transitional Relief and Recovery Support to Food Insecure Households” (Jan 2009a) p. 4.

\textsuperscript{15} Ibid.
The overall purpose of this study was to give voice to the poor in rural Tajikistan. This study was not intended to serve as an evaluation of WFP programming, but rather as an assessment to help inform current and future programming. In initial discussions with the GWU capstone team, WFP Tajikistan staff identified “the community voice” as a source of critical information for maximizing program effectiveness and efficacy, yet a source largely absent from current monitoring and evaluation activities.

WFP Tajikistan staff expressed an interest in gaining a better understanding of community views and opinions of WFP programming, including details on the ways in which programming had affected the lives of beneficiaries. Additionally, WFP was interested in how community perceptions of problems, vulnerability and community capacity might differ between villages in which WFP programming is present and villages in which programming is absent.

WFP contracted the GWU team to conduct qualitative research in a total of eight rural villages and one district capital within two regions and three districts of Tajikistan. WFP is active in two of the three districts visited, and with these districts, the team focused on gathering stakeholders’ perspectives of WFP Tajikistan’s three largest programs: FFE, VGF, FFW, and to a lesser extent, FFH-TB. Research into community perceptions of problems, vulnerability, and community capacity were conducted in all three districts, regardless of WFP presence.

Critical questions that drove the research included:

- What is the perceived impact of food aid provided through WFP programs?
- Aside from food aid, what do communities perceive as additional benefits of WFP programming?
- According to local stakeholders, how can WFP programming be improved?
- How do communities in which WFP programming is absent compare to communities in which programming is present? Do they have similar or distinct perceptions of community problems and do differences exist with regards to their perceived capacity to cope with problems and vulnerability?
COUNTRY CONTEXT

Tajikistan is a mountainous, landlocked, low-income country in Central Asia bordered by Kyrgyzstan to the north, Uzbekistan to the west, China to the east, and Afghanistan to the south. Of the country’s 143,100 square kilometers of land, only 6.5 percent is arable, yet the livelihoods of roughly two-thirds of the country’s 7.3 million inhabitants are dependent upon the agricultural sector. With a GDP of only US$1,600 per capita (PPP), Tajikistan is the poorest of the former Soviet republics. Moreover, despite impressive economic growth over recent years, the economy remains at 63 percent of pre-independence levels, and income inequality is on the rise. Roughly 65 percent of the country’s population still lives below the national poverty line of US$2.15 per day.

Tajikistan’s current hardships are attributable to a series of shocks that have combined to destabilize the country and impede development. Gaining independence 1991 and shifting from a centrally-planned economy to a market-based system, meant the break of economic ties with the former Soviet Union and the cessation of subsidies and raw materials from Moscow. One year following independence, a 5-year civil war (1992-1997) commenced, compounding the disruption of services caused by the break-up of the Soviet Union. The war severely damaged Tajikistan’s already weak economic and physical infrastructure while spurring a sharp decline in industrial and agricultural production. Despite relative peace for the last ten years, Tajikistan’s overall socio-economic situation remains fragile, characterized by weak governance, low social-spending, widespread unemployment, and dependence on remittances from migrant workers abroad, primarily in Russia.

Before independence, Tajikistan’s social indicators, such as high levels of literacy and public health, were insulated from domestic economic realities because of the support provided by the Soviet Union. Today, these indicators are significantly lower than pre-independence levels with spending on education and health just 3.5 and 1.5 percent of gross domestic product (GDP) respectively. Currently, the country ranks 122 out of 177 on the human development index, down from a ranking of 103 in 2001 and 112 in 2002. Knowledge of unique socio-economic conditions in which WFP Tajikistan operates provides important context for review of the findings presented by the Capstone team. Refer to Appendix 2: Demographic & Socio-Economic Highlights for a summary of the more salient facts and indicators.

17 Index Mundi “Tajikistan: GDP per Capita (PPP),” (2007).
23 Spending on education increased from 2.3 percent of GDP in 2002 to 3.5 percent in 2005. However, in order to achieve universal primary education by 2015, a minimum of 6 percent of GDP per annum is required: WFP, (2007d), p. 3.
FOOD SECURITY & CURRENT TRENDS

FOOD INSECURITY

Situation overview

Roughly 2.2 million Tajiks are food insecure.\(^{26}\) Food insecurity in Tajikistan is concentrated among rural populations, which account for 70 percent (roughly 5 million) of the country’s total population and 76 percent of its poor. Findings from a rural food security, livelihoods, agriculture and nutrition assessment conducted in April 2008\(^ {27}\) indicated that the number of food insecure people in rural areas had increased to 1.7 million (34 percent of the rural population) from 1.3 million\(^ {28}\) in previous years.\(^ {29}\) Of these 1.7 million, 22 percent and 12 percent were classified as moderately and severely food insecure respectively.\(^ {30}\) Refer to Appendix 3: Defining Levels of Food Security for detailed explanations of the way in which levels of food security are defined. Roughly 56 percent of the total (rural & urban) population of Tajikistan is considered undernourished, and among children under five years of age, the prevalence of Global Acute Malnutrition (GAM) (wasting) and Global Chronic Malnutrition (GCM) is 4.7 percent and 27.5 percent respectively.\(^ {31}\)

Availability versus Access

Tajikistan is a food-deficit country; its domestic production of staple foods falls short of national demand (i.e. 834,000 MT wheat produced in 2005/2006 versus over 1 million MT needed). Nonetheless, for more than a decade, the Tajik government has generally been able to fill the gap with imports, financed in large part by revenues from aluminum and cotton exports.\(^ {32}\) Yet, despite a positive food balance at the national level, over two million Tajiks struggle to secure both the quantity and diversity of food needed to meet their caloric and micro-nutritional needs.\(^ {33}\) Food insecurity in Tajikistan can therefore be classified as a problem of household ‘access’ to food, rather than a problem related to the ‘availability’ of food.

\(\text{26 Figure accounts for both rural and urban populations; \sim 500,000 food insecure in urban areas (2008)}\)
\(\text{27 This assessment was conducted through the joint cooperation and effort of the World Food Programme (WFP), the Food and Agriculture Organization (FAO), the United Nations Children’s Fund (UNICEF) and the Government of Tajikistan.}\)
\(\text{28 Due to differences in methodology applied under previous vulnerability analysis and mapping studies, this figure is considered to be an estimate of previous levels of food insecurity.}\)
\(\text{29 WFP, (Jan 2009a), p. 5.}\)
\(\text{30 FAO et. al. (2008), p. 6.}\)
\(\text{31 Ibid., p. 7.}\)
\(\text{32 WFP “Protracted Relief and Recovery Operation: Transitional Relief and Recovery Support to Food Insecure Households, 1 July 2007-30 June 2009,” (2007d), p. 3.}\)
\(\text{33 WFP, (2007d), p. 3.}\)
Limited production capacity and self-sufficiency of households is a main cause of household food insecurity. While the majority of rural households have access to land, plot sizes average a mere 0.13 hectares (ha), and most households lack the modern agricultural inputs, including high quality seeds and fertilizer, necessary to maximize yields. For many, food production is further compromised by deteriorated infrastructure (e.g. rural roads and bridges needed to access land), unpredictable weather patterns and lack of irrigation, and the absence of able-bodied men for agricultural work.

As a result of the issues listed above, only two percent of Tajik households cultivate more than 0.2 ha of wheat per capita—an amount that could theoretically cover consumption requirements for the whole year (given average climatic conditions and yields). For the majority of the population, subsistence farming provides a maximum of 50 percent of consumption needs of wheat, potato, and/or vegetable crops, with harvests lasting, on average, no more than three months. Due to low household self-sufficiency combined with widespread unemployment and low wages, food purchases to supplement production consume up to 80 percent of the cash income of poor households. This spending takes money away from other essential needs, such as health care and education, and in turn has deleterious effects on long-term livelihood and food security.

CURRENT TRENDS

A brief overview of some of the more serious and widespread issues and events to have recently affected Tajikistan’s population helps to illuminate the larger forces that shape local conditions in villages where the Capstone team conducted their research. Knowledge of these shocks helped to contextualize the qualitative research findings and allowed for a more informed analysis.

Natural disasters: Over the last few years, household food production, self-sufficiency, and overall well-being have been compromised by a series of natural disasters including hailstorms and drought in 2006, continued drought, an earthquake and a locust invasion in 2007, and a particularly brutal winter in 2008. Uncontrolled deforestation promoted by lack of energy resources has intensified the number and severity of natural disasters including landslides, droughts and floods.

High food and fuel prices: Persistently high food and fuel prices over recent years have reduced the purchasing power of households, thereby further inhibiting ‘access’ to food and compromising expenditures on other needs. In a report released in 2008, The Food and

34 Ibid.
36 Ibid.
37 Ibid.
39 Since 2002, the prices of wheat and potatoes, the country’s primary staple crops, have risen by more than 100%.
Agriculture Organization (FAO) ranked Tajikistan among the 34 countries “most at risk of deteriorating food security due to high food prices.”\textsuperscript{40} Furthermore, according to the International Food Policy Research Institute’s (IFPRI) Global Hunger Index, with a ranking of 25.9, Tajikistan’s current situation is considered “alarming”.\textsuperscript{41}

**Global economic crisis:** With an estimated 60 percent of the country’s workforce employed abroad, remittances are the mainstay of the Tajik economy, accounting for roughly half of GDP in 2007.\textsuperscript{42} For over a decade, in a country marked by a stagnant domestic economy and paucity of employment opportunities, remittances have kept many households from falling into extreme poverty. Yet, as the global economy slows, evidence suggests the worth of Tajikistan’s most valuable export—manual labor—is facing rapid decline, exerting additional economic and social pressure. Russia’s newly adopted quotas on migrant workers have already caused thousands of Tajiks to return home.\textsuperscript{43} The former Minister of Economy of Tajikistan, Dovlyat Usman, estimated that between September and November 2008, "Remittances from migrants decreased by 50 to 60 percent" which is roughly 20 percent of the Tajik GDP.\textsuperscript{44}

**Energy crisis:** In early January 2009, the government announced a 60 percent and 25 percent increase in the amount consumers will have to pay for natural gas and electricity respectively. This came after Uzbekistan, on which Tajikistan is almost entirely dependent for its supply of gas, announced a near doubling of tariffs. Even before this surge in tariffs, rural Tajiks were struggling to pay their energy bills. The ability of households to cover energy costs is further compromised by falling remittances as mentioned above.\textsuperscript{45}

**Mounting foreign debt:** In light of the aforementioned current trends, combined with the falling world price of aluminum and cotton, Tajikistan’s foreign debt is rising, and currently totals US$ 1.3 billion, or roughly 29 percent of the country’s GDP.\textsuperscript{46} This trend has implications for the country’s continued ability to maintain a positive availability of food at the national level. To avoid a financial collapse, experts say the country will have to heavily increase borrowing. On April 15, 2009, President Rahmon admitted that the state budget would need to be slashed by $130.5 million. It is expected that this budget cut will translate into funding cuts for already under-funded social programs.

\textsuperscript{42} Marat, “Shrinking Remittances Increase Labor Migration from Central Asia,” (11 Feb 2009).
\textsuperscript{44} Cavese, (2009).
\textsuperscript{45} Sodiqov (2009).
\textsuperscript{46} Sodiqov (2009).
METHODOLOGY

SCOPE OF STUDY

Tajikistan consists of four administrative regions: Sughd, Khatlon, Gorno-Badakshan (GBAO) and the Directly Ruled Districts (DRD), which are in turn divided into 61 districts. These districts are further divided into jamoats and then villages. Primary data collection for this study was conducted between the dates of 7 March 2009 and 20 March 2009, in two districts in the DRD – Faizobod and Rasht – and one district in Khatlon – Muminobod. A total of eight rural villages and one district capital were sampled in this research. The chart below depicts the WFP programs included in this study, the districts in which research was conducted on each program, and the number of specific locations sampled.

<table>
<thead>
<tr>
<th>District</th>
<th>Livelihoods/Vulnerability/Community Capacity</th>
<th>FFE</th>
<th>FFW</th>
<th>VGF</th>
<th>FFH-TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faizobod</td>
<td>X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rasht Valley</td>
<td>X X X X</td>
<td>X X</td>
<td>X X</td>
<td></td>
<td>Gharm (district capital)</td>
</tr>
<tr>
<td>Muminobod</td>
<td>X X</td>
<td>X X</td>
<td>X X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Following is a brief overview of each of the three districts sampled and a description of the research focus within each district.

Faizobod District, Mehrodod Jamoat

Faizobod is a small district of 74,223 people in the DRD, 60 km east of Dushanbe. In 2008, the district suffered widespread locust infestations, drought, and crop failure, causing the region’s food security status to be raised to ‘severely food insecure.’

48 A Jamoat is an administrative, self-governing unit at the sub-district level.
49 District and village population sizes as of January 1st, 2007, courtesy of WFP Tajikistan official demographic information
recent Food Security Bulletin suggests that the situation has somewhat improved: in January 2009 Faizobod was downgraded to ‘highly food insecure.’\(^{52}\) Research in this district was conducted in two small villages, with populations of 842 and 289 people respectively, and consisted of eliciting villagers’ perceptions of major issues affecting livelihood security as well as perceptions of vulnerability and community capacity to address problems. WFP does not currently operate in Faizobod.

**Rasht District, Qualai-Surkh and Navdi Jamoats**

Rasht District is located in the eastern part of the DRD and has a population of 102,378. Its northern border runs along the eastern finger of the Sughd Region and along the international border with Kyrgyzstan. This region was host to some of the fiercest battles of the Civil War of 1992-1997, and in July 2007 suffered a devastating earthquake (5.5 on the Richter scale).\(^{53}\) As of January 2009, the district was classified as ‘moderately food insecure.’\(^{54}\) Included in this study are the capital city of Gharm along with four villages in Rasht District, with population sizes of 969, 1215, 1482, and 2505 people. WFP currently implements the following programs in Rasht: FFE, FFW and FFH-TB. Within the four villages and the capital city sampled, the research team collected qualitative data on all three of the aforementioned programs. Additionally the team gathered community perceptions of major issues affecting livelihood security and perceptions of vulnerability and community capacity.

**Muminobod District, Balkhobi Jamoat**

Muminobod is a district of 91,119 people in the southern Khatlon region of Tajikistan; it is considered to be one of the poorest districts in the country. As of January 2009, an estimated 60% of households in Muminobod District were considered food insecure; it is one of four districts in the country classified as ‘severely food insecure.’\(^ {55}\) WFP currently implements the following programs in Muminobod: FFE, VGF, and FFW. Within the two villages in Muminobod sampled for this study, with populations of 1693 and 512 people respectively, the research team collected qualitative data on FFE and VGF. Additionally, the team gathered community perceptions of major issues affecting livelihood security and

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51 Classification of districts/zones based on food insecurity status follows the following criteria: Moderately Food Insecure—less than 34% of households are food insecure, Highly Food Insecure Zones—between 35 and 49% of households are food insecure, Severely Food Insecure—more than 50% of households are either food insecure.


perceptions of vulnerability and community capacity.

**SAMPLING PROCEDURE**

Purposive sampling was the primary method of accessing both communities and individual participants for this research. Districts and jamoats were selected by WFP country-office staff to provide the team with a good representation of their activities, given time constraints and dispersed locations. WFP sub-office staff and jamoat officials facilitated sampling of villages within jamoats. Individual study participants in Rasht and Muminobod were sampled included a broad range of program stakeholders such as: beneficiaries and their families, local officials, school directors and teachers, school and hospital cooks, doctors and nurses. In Faizobod, where WFP programming is absent, the research team used convenience sampling to access a wide range of community members. In choosing participants for focus groups and interviews, concerted efforts were made to ensure that men and women of all ages were given equal consideration and voice. Men and women were asked to participate separately in focus groups in Rasht District in order to help prevent strict gender norms from influencing our findings.

**DATA COLLECTION METHODOLOGY**

By using a broad range of methods, the research team attempted to increase triangulation of data, improve accuracy of the data collection tools, and more effectively engage respondents. The following data collection methods were applied in this study.

**Interviews**

One-on-one interviews were held with WFP-program stakeholders including: Jamoat leaders and deputies, beneficiaries, school directors, medical point staff, food handlers and cooks. Interviews were also conducted with village leaders and a local engineer, and with community members who had a heightened knowledge of local issues central to our research. Such issues included household food security, migration, access to water, agriculture, and WFP program processes.

**Focus Groups**

Focus groups were conducted among teachers, parent-teacher associations (PTAs), mothers of FFE recipients, FFW participants, VGF recipients, and school children, and in the case of Faizobod, among selected groups of community members. Focus groups were particularly appropriate for our research; collective discussions of issues brought out contrary and divergent views that enhanced the richness of the data. A diverse range of qualitative methods and Participatory Learning in Action (PLA) methods and activities were used in the collection of data during focus groups. These included visual diagrams and ranking matrices, time-trend analyses, such as event timelines, and Wholistic Worldview Analysis--a participatory approach in which
participants create a visual representation of community capacity to identify problems and assess resources for addressing them.\textsuperscript{56}

**Transect Walks and Participant Observation**

Our team made frequent use of transect walks, or mobile ‘walking’ interviews with knowledgeable local informants, during which we would walk from the center of the village to the outer limit of the territory. Through these walks, the team gained a better understanding of community dynamics, constraints and opportunities. Observing such things as the infrastructure created through FFW projects, the school environment in which FFE is implemented, the households in which VGF beneficiaries live, and the location of water resources allowed for the contextualization of community perceptions elicited through focus groups and interviews. Transect walks also enabled the team to establish contact with community members who could then be engaged in one-on-one interviews. Participant observation, in which researchers observe their subjects as they go through the regular routines and daily activities, was also utilized, particularly during overnight stays in villages, in order to gain a better understanding of the lives of Tajik villagers, and the issues that impact their livelihoods.

**Literature Review**

The research team’s data collection included the examination of key documents and literature. This included a detailed review of WFP Tajikistan’s gray literature, such as reports, bulletins, project proposals, and survey tools. An extensive review of secondary sources pertaining to the country context of Tajikistan was also conducted, with particular attention to the history, economics, social indicators, geography of the country, and specific issues of food aid, natural disasters, infrastructure, and land tenure. Particularly critical documents used in this report were the Emergency Food Security Assessment in Rural Areas of Tajikistan (April/May 2008)\textsuperscript{57} and the Full Report of the Evaluation of the Tajikistan PRRO 10231.0.\textsuperscript{58}

**VALIDITY & RELIABILITY**

In order to maximize the validity and reliability of data collected during semi-structured interviews, key informant interviews, and focus groups, our research team strove to be accurate and consistent in our qualitative approach. Having multiple collaborating researchers on the team allowed for reflexive adjustments in data collection methods and helped to mitigate whatever biases arose from individual expectations and assumptions. By maintaining a continual dialogue among team members, we were able to fine-tune our data collection methods and improve their accuracy. Our team also actively pursued methodological triangulation in our fieldwork through convergence of data from multiple data sources. A variety of data collection methods were used, and our team worked to maximize reliability through consistent methods of data analysis.

\textsuperscript{57} FAO et. al. “Emergency Food Security Assessment in Rural Areas of Tajikistan,” (April/May 2008).
\textsuperscript{58} WFP “Full Report of the Evaluation of the Tajikistan PRRO 10231.0,” (July 2006)
DATA ANALYSIS

Our data analysis consisted of a two-part process. First, a thematic approach was utilized to identify and organize issues that arose from the data collected in the field. In this stage, we analyzed data by identifying themes or patterns, and then organized it into coherent coding categories and sub-categories for further analysis. Second, we conducted a comparative analysis of these categories and themes with themes set out by WFP and the researchers in the preparatory stages of this study. These included perceived effectiveness and impact of projects, suggestions regarding potential for improvement of programs, and barriers to access or success of the programs. This second stage of comparative analysis drew from the full range of data collected, including field notes and secondary research literature.

LIMITATIONS OF THE STUDY

Translation

At times, translation from English to Tajik and vice versa limited our data collection capacity. This took different forms including our attempted use of concepts and terminology foreign to our respondents or our interpreter, our interpreter’s tendency towards clarification and correction of respondents as opposed to direct verbatim translation, and the time-consuming nature of conducting research through translation. We attempted to mitigate these limitations by developing a consistent manner of phrasing questions to increase the interpreter’s familiarity with the questions, triangulating the data through repeating and rephrasing questions, and using our researcher’s Russian language skills to clarify questions raised in the discourse or to sustain a conversation independent of the interpreter.

Influence by leaders

Village leaders often facilitated initial sampling of individual participants. This raised the question of whether we had a representative sample and if we were effectively sampling socially excluded populations. To address this limitation, we actively and independently sought out additional respondents within the community. At times it was necessary to explain to village leaders and jamoat officials how their presence could influence respondents and delicately ask them to distance themselves from our data collection. On the occasions when these polite requests did not work, the research team found it useful for one researcher to ‘occupy’ the village leader with questions, thus allowing other team members to speak with locals without his interference or monitoring of the interview.

Time Limitations on Data Collection

In most cases, the team’s travel schedule allowed for only one or two days in each village. The limited amount of time we had in each village constrained the depth of sampling and data collection, and presented a challenge for the triangulation of findings. We worked to mitigate
this limitation by staying overnight with families in the communities whenever possible. This provided for long, detailed key informant interviews and participant observation. Additionally, it was the research team’s perception that staying overnight in the community facilitated greater trust and openness with the community.

**Misperceptions of our role as researchers**

Despite our attempts to emphasize that the research team was conducting data collection independent of WFP, respondents often had the impression that we were sent by WFP to make decisions regarding the extension WFP programs. Consequently, respondents often made appeals to continue or increase WFP food aid, or simply thanked and praised WFP to demonstrate their gratitude and suitability for future food aid. To avoid creating unrealistic expectations and reduce the potential for biased responses, the research team began each focus group session and interview with a statement of clarification, emphasizing the purpose of our study and indicating our lack of influence in WFP’s decisions regarding implementation or continuation of projects. It was often necessary to continually repeat this statement during focus groups and interviews.
KEY FINDINGS

THREATS TO LIVELIHOODS

INTRODUCTION

In the eight villages visited, the research team utilized participatory methodology within focus group settings, and/or one-on-one interviews with community members and leaders, to identify pressing community problems. After generating lists of factors and trends that threaten livelihoods, informants were asked to rank issues according to the severity of their impact. Subsequently, they were asked to articulate their ideas of both the causes and potential solutions of the five most highly ranked issues.

Gathering local perceptions of the most salient issues threatening livelihoods was important for three reasons. First, it gave the research team a basis for the comparison of villages in which WFP programming was absent (Faizobod District) to those in which WFP programming was present (Rasht and Muminobod); the research team was interested in uncovering similarities and differences in the issues identified between these two categories of villages. Second, in Faizobod, this research helped to determine whether, in this district, need and opportunity existed for the introduction of WFP programming. Finally, in villages with WFP programming, gathering this information helped the research team to gain a basic understanding of community dynamics before gathering information specific to WFP programs; it also provided essential context for the analysis of community perceptions of WFP programming and the drafting of associated recommendations.

The research team compared ranked lists from each village. Although the ranking varied depending on the community, the top five issues identified by respondents in each district as having had the most severe impacts on livelihoods were consistent across districts. Presented below is a description of these issues, including community perceptions of their causes and solutions. The issues are not listed in any particular order.

FINDINGS & ANALYSIS

Lack of water

Tajikistan ranks third in the world for water resources per capita. Nonetheless, in each of the three districts visited, community members, Jamoat representatives and medical point staff all identified the lack of water for both drinking and irrigation to be among the most pressing problems affecting livelihoods. In each village, water for both purposes was characterized as "unequally distributed." Lack of water emerged as one of the two highest ranked issues affecting livelihoods in Faizobod.

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**For Drinking**

The majority of community informants with whom the research team spoke did not have a drinking water supply at their household and reported collecting water either from a communal pipe, a neighbor’s pipe or a communal well. The exception was women in a village in Rasht who reported collecting water from a gorge. Informants in all districts reported that collecting water was the responsibility of women and girls. On average women reported that water collection consumed roughly one hour of their time per day. However, women in Muminobod said that in the summer months, when water flow is less, they must often wait up to six hours for their turn to collect water. Women from each district commented that collecting water consumed a significant amount of time that both they and their daughters could spend on other, more productive activities. Yet, when asked if girls missed school in order to collect water, these women responded that girls helped to collect water before and after classes, but did not miss class to fulfill this duty. According to community medical point staff in each district, the lack of access to clean drinking water had been a main cause of disease including diarrhea and typhoid.

**For Irrigation**

Lack of water for irrigation compromises the production of food crops on rain-fed land as well as yields in household gardens. Informants reported that if they had water for irrigation, they could produce and consume a greater quantity and diversity of foods. In the words of a woman in Rasht, “We wish to grow vegetables in our kitchen garden but during the water shortage season, there isn’t enough to irrigate.”

**Causes:** Informants cited distance to water collection points, dirty streams, and the lack of financial resources to construct a piped water system as main causes behind the insufficiency of water for drinking and irrigation. Informants noted that the supply of water had decreased over the years. When asked for their perspective on why this had occurred, respondents in both Muminobod and Rasht mentioned burgeoning village populations as one causal factor. Erosion was also mentioned; a man in Faizobod stated, “five years ago we had water, but when the land fell into the river it silted up, and the flow is now slow. Now we can’t drink it.” Several respondents drew a causal link between reduced water supply and climate change. In Faizobod a chairman stated, “the climate is changing. We used to have enough water for drinking and watering our crops. Now in the summer the water flows very little.”

**Perceived solution(s):** When asked to provide their opinions on how the problem of insufficient water could be solved, villagers in all three districts mentioned the need for assistance from either the district authority or international organizations, in the form of money and materials. Informants indicated that if they were provided with a sufficient amount of pipe of adequate diameter, or money to buy such a pipe, they would be able to work through khashar to tap local springs and divert water to households. Also, when prompted, informants in Faizobod expressed awareness that planting trees could help prevent erosion and therefore help prevent the silting of water sources.
Lack of Infrastructure

The absence or poor condition of vital infrastructure, most notably bridges and roads, was a problem reported across all three districts. In both villages in Faizobod, this issue was ranked (along with lack of water) as one of the two most critical issues affecting livelihoods. Informants in Rasht said that due to poor quality or non-existent roads, it was difficult to access other villages and/or pasture lands. Without a bridge, respondents in each district reported that ravines and streams were impassible during the springtime. A focus group participant in Faizobod emphasized the need for a bridge in his community, “if it was built, fifty percent of the community’s standard of living would go up because people could get to their land and cultivate it.” In another village in Faizobod, an informant mentioned that after the rains begin, thirty percent of the community’s children are unable to attend school because they live on the opposite side of a ravine, and there is no bridge. The poor condition and/or nonexistence of school and medical facilities were also mentioned as critical infrastructure problems affecting the quality of social services rendered to the population.

Causes: A lack of good-quality construction materials as well as insufficient financial resources were the two factors most commonly cited by respondents as causes of the infrastructure problem. Natural disasters such as earthquakes and floods were also frequently mentioned as causal factors.

Perceived solution(s): When asked to provide their opinions on how the infrastructure problem could be solved, informants in each district tended to respond in one of two ways as reflected in the following quotes: 1) “the only way this problem can be solved is if the government or an international organization comes and builds the bridge for us” and 2) “the community can work to gather materials and build this bridge through khashar but we need outside help because we lack funds.” Thus while all informants agreed that infrastructure projects would not be possible without outside help in the form of material and/or financial resources, responses were mixed in terms of the perceived level of community capacity that existed to help address the infrastructure problems.

Severe and Unpredictable Weather

Drought

Due to lack of irrigation infrastructure and water resources, and therefore dependence on rain-fed land, informants across all villages stated that two years of drought had compromised agricultural production, causing significant hardship. When asked to identify groups most severely affected by drought, the two most common responses given by focus groups and key informants alike were: 1) poor households and 2) households that had cultivated a relatively
large amount of land (i.e. 4-5 hectares). Initially, identification of these groups seemed paradoxical due to their mutual exclusivity—as both a cause and consequence of poverty, the poorest households generally do not have access to more than one hectare of land.

Informants explained that in absolute terms, compared with the poorest households, those who cultivated larger plots of land had lost more due to drought because they had invested more resources (i.e. labor and inputs) into agricultural production. When the question was rephrased as “who suffered the most due to drought?,” informants cited poor households. As a Jamoat representative in Muminobod stated, “if poor people lose their harvest, even if it is relatively small, it can mean the difference between eating and not eating; households with a lot of land won’t go hungry.” Implicit in this statement is that ownership of a large amount of land is indicative of an overall higher standard of living and thus a greater cushion to absorb agricultural loss without resorting to negative coping strategies and/or without experiencing a significant deterioration of livelihoods. Therefore, while both groups have been affected by drought, it has been vulnerable groups who have suffered the greatest consequences due to their incapacity to handle shocks.

**Causes:** Respondents struggled to identify causal factors of droughts. The majority responded that Allah determined the weather and was thus responsible. Some indicated that climate change was responsible for droughts, yet when asked to identify reasons for climate change, the majority of respondents replied that Allah also controlled such changes.

**Perceived Solution(s):** When asked to provide suggestions as to how the problem of drought could be solved, respondents indicated that it was not possible to directly address such a problem—that only Allah had power over droughts. However, respondents did offer ideas for ways to ameliorate the consequences of drought, the most common being assistance from international organizations in the form of the provision of food aid to vulnerable groups.

**Floods**

Informants in all three districts identified floods as a significant problem affecting livelihoods. In one village in Faizobod, focus group members mentioned that every year floods had washed away the bridge linking one side of the community to the other. Consequently, every year, until the rains have ended and the community has rebuilt the bridge, households on one side of the riverbed are unable to access their land, while those on the other side cannot access the school, medical point, or markets. In other villages, informants mentioned that frequent, hard rain and flooding had caused destructive landslides, extensive erosion and the washing of stones onto their agricultural land. A focus group member in Rasht said, “Because of floods our land is less productive. We possess stony lands that aren’t suitable to have a good harvest. Most of the time, households can’t cover their expenses.” Floods were also blamed for destroying irrigation canals, destroying water pipelines, damaging houses, and washing away livestock.
Causes: Informants either mentioned Allah or the abundance of rain in spring as the cause of flooding. For the most part, respondents across all districts demonstrated a lack of awareness of factors that predispose areas to flooding, such as deforestation and over-grazing. Two key informants—one in Faizobod and the other in Muminobod—were the exceptions; each referred to the ‘lack of trees’ as a critical reason for why heavy rains have led to erosion and flooding in their villages.

Perceived Solution(s): When asked to provide suggestions as to how the problem of flooding could be solved, informants once again mentioned that they did not have control of rains and flooding, and that only Allah could solve this problem. However, respondents did offer ideas for mitigating the impact of floods on their livelihoods. Suggestions included the reinforcement and/or construction of riverbanks, bridges, and foundations of houses. However, respondents noted that they could not undertake such projects without material and financial help from the Hukkumat and/or international organizations. Further, the two key informants who had suggested that a lack of trees had been a causal factor behind flooding, also both referred to reforestation as a means of addressing the problems of floods and their sequelae, most notably erosion.

High Prices of Food and Agricultural Products

According to informants in all three districts, high prices of agricultural inputs, including seeds and fertilizer, have limited household production capacity, which in turn has increased the amount of money households must spend on food. According to informants, the price of both wheat seeds and fertilizer has increased by more than 100 percent over the past few years. As a result, the majority of households that cultivate crops do not use fertilizer, thus compromising the maximization of yields. Further, informants in Rasht, whose fruit trees had become diseased, reported that they lacked the financial resources to purchase the products necessary to treat the disease.

As the high prices of agricultural inputs have restricted production potential, persistently high food prices have restricted household purchasing power. A women’s focus group in Rasht reported that the price of meat is roughly six times the price it was two years ago. An elderly informant in Faizobod reported, “Prices are so high, it is very difficult to make ends meet; before we ate well—meat, milk – a lot of food. We can’t afford these things now. We eat mostly bread and soup with potato, onion and sometimes pumpkin but never meat.” Informants generally recognized the importance of eating a diversified diet including fruits, vegetables, meat and dairy. They lamented that in light of high food prices, their diets have become less diverse, and their health has been compromised. Furthermore, as a result of high food prices, informants reported that compared to three or four years ago, they had considerably less money to invest in other needs including agricultural inputs for subsequent growing seasons.
**Causes:** Respondents struggled to identify the cause of high food and agricultural prices. Some linked this issue to the drought and overall decline in supply of locally produced goods, while others blamed the government; the majority was unable to identify causal factors.

**Perceived Solution(s):** When asked to provide their opinions of how the problem of high food and agricultural prices could be solved, key informants and focus group members overwhelmingly responded with, “jobs,” indicating that with jobs and income, it would be possible to purchase the food needed to support their families. Respondents also suggested that the provision of food aid to particularly vulnerable groups would help ameliorate the situation. Yet, there was a general attitude that only jobs, not food aid, could actually solve the problem. A man in Muminobod said, “the food problem would be resolved totally if everyone had a job.”

**Decreased Remittances and Return of Migrants**

In all three districts visited, respondents reported that a recent decline in both the quantity and frequency of remittances received from Tajik migrants abroad, as well as an increase in the number of migrant workers returning to Tajikistan, had placed significant constraints on the ability of households to secure livelihoods. In the words of a Jamoat representative in Muminobod, “for the past four months there have been virtually no remittances; many workers are returning, but many don’t even have the money to buy a ticket to return; so they are stuck in Russia and their families are getting nothing.” This occurrence, she predicted, would significantly increase the proportion of vulnerable households over the next year. Focus group members in each district echoed this statement. A chairman in Muminobod reported that three women, whose husbands are in Russia, and who were previously considered among the non-vulnerable, have come to him over the past month complaining of a lack of food and asking for assistance.

**Causes:** Respondents identified the economic crisis and its impact on the Russian economy as the causal factor for decreased remittances and return of migrants. A village chairman in Muminobod stated, “in the last month there hasn’t been any transfer [of remittances] because of the economic crisis, and some men have come back home.” A man in Faizobod reported, “Russians use the economic crisis as an excuse not to pay the Tajiks.” When asked for his estimation of how the economic crisis will affect his community, a chairman in Rasht estimated that more migrants would return home in the coming months. Focus group members in Rasht and Faizobod predicted that the households once dependent on migrant workers will become worse off, not just for the lack of remittances, but for going into debt to pay for the migrants’ cost of travel from Russia to Tajikistan.
**Perceived Solution(s):** When asked for their opinion on how the local effects of the economic crisis could be solved and/or mitigated, informants across all districts responded that the creation of jobs, for both men and women, was critical. A woman in Rasht said, “*without our sons in Russia, and without any jobs here, what will happen? Just imagine.*” Both women and men in each district expressed a desire for the construction of workshops in which women could work to produce items for sale, such as clothes, baked goods and fruit preserves. Sewing workshops were most frequently suggested.

**DISCUSSION**
This account is in no way intended to be an exhaustive list of the problems faced by rural Tajiks. The five issues listed above were those that emerged as the most severe issues affecting livelihoods across all three districts visited for this study. The presence of WFP activity within a village did not appear to influence the issues identified; on the whole the problems identified in Faizobod, mirrored those in both Rasht and Muminobod. The research team acknowledges the limitations of this study, most notably the small sample size and short duration of time spent in each village. Larger sample size and extended field research duration might yield significantly different results. Nonetheless, the research team found that documenting community perceptions on the most salient issues threatening livelihoods provided a valuable context for the interpretation and analysis of community views and opinions regarding WFP programming.
FOOD FOR EDUCATION

INTRODUCTION

With the exception of one of the eight villages included in this study, the research team visited a school in each village, and a school canteen if one existed. We took note of the physical conditions of the school, which ranged from almost derelict to brand new. In Rasht and Muminobod, where WFP implements FFE programs, we also observed where food was stored for in-school meals, the preparation of the meals and the children consuming the meals. In these two districts, we conducted focus groups and key informant interviews with headmasters, teachers, students, parents of students, and members of the Parent Teacher Association (PTA). Our aim in Rasht and Muminobod was to gather the community perspective of FFE programs – in-school feeding for primary grades and the take-home ration for secondary girls in Rasht. In Faizobod, where there are no WFP programs the research team spoke with teachers and community leaders about the existence of in-school meal provision and outside support. In Faizobod, our objective was to gather information that would allow for comparisons between schools without FFE programs and those in other regions where FFE programs are currently being implemented.

We began our focus groups and key informant interviews with basic questions about FFE such as, “What is the purpose of FFE? What is the ration? Why is school-feeding important?, and “Why is education important?” Answers to these questions allowed us to gauge that person or group’s awareness of the program, their knowledge of specific elements or requirements, and their perspectives regarding the purpose. The value in this data is that these perceptions inform participants’ expectations of the program, their interaction with it, and possibly outcomes.

Stakeholders in FFE

It is important to identify the key stakeholders in the FFE program as doing so clarifies actors and beneficiaries and their roles for future discussion. Students are the main beneficiaries, but also primary teachers who receive the daily in-school ration, and families of students, especially of girls in secondary school. People with special roles in the program are the WFP storekeeper (usually a teacher at the school), the cook(s), the headmaster, other teachers, members of the PTA, parents of students, and other community members.
FINDINGS & ANALYSIS

PART I: School Infrastructure and Facilities

Classrooms

While school infrastructure is not directly addressed through the FFE program, the research team believes that presenting findings on this topic is important as infrastructure may influence program implementation. We observed school infrastructure in each District and found that there were several characteristics that should be noted. With the exception of one school in Rasht, which had been completely rebuilt after the 2007 earthquake, school infrastructure was from the Soviet period and in many cases quite deteriorated. Community members often commented that while repairing the school was a high priority, they lacked resources to do so. The schools were all wired for electricity, but we do not know if electricity had been supplied to the school if it would have functioned properly. Although classrooms had stoves for heating, we rarely observed them to be lit, and parents complained of the lack of heating for the students. Some schools had heating pipes and radiators in the building, but we were told that they had stopped functioning many years prior.

In Rasht in particular, damage due to earthquakes was observed in schools. At one school, a large building was supposed to have been “condemned” because the extent of damage made its occupation hazardous. At first a teacher told us that students do not enter the building, but shortly thereafter we saw children entering the building—this was where they received their daily in-school meal provided by WFP.

Latrine Facilities

Because hygiene is important for health and nutrition, and thus has implications for the effectiveness of FFE, we also attempted to visit the latrines at each school. They were pit latrines, and whether they were separate for boys and girls varied. Some were wooden and mud structures with earthen floors, others had concrete walls and floors. In one village in Muminobod, the latrines were filthy, as was the area in front of and around the entrance. Excrement covered the ground, suggesting that the children had not been entering the latrine proper to relieve themselves. Both the headmaster and a cleaning woman at the school told us that the latrines were cleaned three times a week; our observations certainly contradicted this claim. Interestingly, when we asked the children at this school if they thought that the latrines were clean, they all responded, “yes.” The research team was confused at this response, and believed that perhaps the children who were questioned on the topic had not used the latrines, instead preferring to wait until they had returned home to relieve themselves. Providing food in schools increases the likelihood that children will need to use the latrine in school. Yet, if latrines are not maintained in a hygienic manner, the chance of disease spreading among children is heightened. Compared to a healthy child, a sick child would be unable to reap the same nutritional benefits from the WFP-provided meal. Thus, it follows that latrines should be
Water Access

In some schools there were sources of water to be used by the children and staff for cleaning, washing hands, and cooking. At other schools, there was no water either because the infrastructure that piped water to a collection point had broke, or there had never been water access at the school. In these schools, children were asked to bring water from home for drinking, and school-workers were tasked with traveling to collect water from a pipe or gorge for the purpose of cooking and cleaning. Community members identified water access at the school as a priority. In the two schools where we observed children consuming the in-school meal, we also noted that the children were not required to wash their hands before eating. Since hand-washing is an important means of preventing sickness, and thus, as mentioned above, helping to ensure that children receive the optimal nutritional benefit from the food ration, we believe that hand-washing behavior should be included in FFE monitoring activities.

Part II: FFE In-School Feeding

Stakeholder Perceptions

Purpose and objectives of the program

In Tajikistan, as a result of food insecurity, child hunger is a common problem, and the school meals that WFP provides are a strong incentive for parents to send children to school. The FFE program’s aim is to improve school attendance among vulnerable, food insecure children. Food not only attracts children to school, but it gives them the energy and concentration needed to learn. According to WFP, FFE is also intended to serve as a safety net for families by allowing them to save money on food that would otherwise be purchased if their children were not receiving meals in school. Saved money, for example, may be used to feed younger children in the family who are not yet enrolled in school, and who are at a critical stage of growth during which proper nutrition is critical. For families with multiple

children enrolled in primary school, the savings, as well as the spillover benefits to the household, can be significant.

Through school feeding, WFP hopes to impact communities in both the short- and long-term. In focus groups, the research team asked participants, “what is the purpose of FFE?” In each village in which research on FFE was conducted, the research team consistently found that respondents were able to articulate a clear understanding of the purpose of FFE. For example, in a focus group of mothers of both primary and secondary students, one responded, “To help to support the people because they do not have sufficient access to food.” In another focus group, one woman said, “Some children are vulnerable and this helps them.” With the exception of one village in Muminobod, similar sentiments were echoed in each of the focus groups and one-on-one interviews conducted.

In most cases, the research team found that parents and teachers alike knew what the in-school ration included, how it was prepared and believed that it was beneficial for the health and well-being of the children. In one remote village in Muminobod District, however, several vulnerable households had a less-defined knowledge of FFE activities and thought that the FFE in-school feeding program did not extend to fourth grade students but rather only provided food to students enrolled in first through third grades. Due to our study limitations, we were unable to ascertain whether this misinformation had an effect on children’s enrollment and attendance in the fourth form. Nonetheless, this finding has important implications for the success of FFE; the program is less likely to reach its objectives of increasing attendance and serving as a safety net if intended beneficiaries and other stakeholders are misinformed of the incentive system. The research team also found that in this particular village, parents of children who received in-school meals through FFE, were unable to identify WFP as the implementing agency. It should be noted that it was in this village where the research team also found respondents to be least informed of Vulnerable Group Feeding program.61 Thus the lack of knowledge was not particular to the FFE program and was thought to be a reflection of overall poor communication among stakeholders involved in WFP programming.

As we have noted, the research team found that most FFE stakeholders understood the purpose of in-school feeding and were able to identify major program components and processes. We did find that this knowledge was not universal, and although our findings may indicate an outlier in terms of countrywide programming, the problems identified may be relevant in other areas. Improved communication with community members and parents of students eligible for in-

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61 Note that the village discussed in this section is the same village referred to as “Village B” in the Vulnerable Group Feeding section.
school feeding may address some of these issues. In the long run, the effectiveness of the program in reaching its objectives is in part dependent upon stakeholders understanding program processes so that it can function efficiently in each community.

**Benefits of FFE in-school feeding**

According to focus group members and key informants, FFE encourages attendance and promotes learning. When asked to provide her perspective on the impact of FFE, a mother in Muminobod said, “Children should be fed nutritious food. Without food they do not have access to healthy mental activity.” Later, the headmaster of a secondary school in another village in Muminobod commented that FFE had been responsible for increasing both attendance (from 75 percent to 95 percent) and learning (corroborated by an improvement in test scores after the program began). Echoing these sentiments, a teacher in Rasht told us that, “FFE has promoted better attendance of the students,” and parents of students enrolled in the same school commented that, “attendance is better with WFP!” Finally, another headmaster in Muminobod said, “WFP helps greatly for primary school children because when they are hungry they eat and they learn better.” Respondents across all villages expressed their deep gratitude for the program and their hopes for its continuation. Although feedback on FEE was overwhelmingly positive, the research team acknowledges that responses may have been influenced by inaccurate perceptions of us as decision-makers from WFP.

Various informants made reference to FFE’s positive impact on children’s stamina levels. In a Muminobod village school, the headmaster said that there were currently 90 students enrolled that were “lacking” academically and benefited from extra classes held at the end of the school day. According to the headmaster, before the introduction of FFE, the school was unable to hold these additional classes for the students because they would have been too hungry to concentrate. Thus, FFE has provided children with the energy needed to stay in school longer. A mother of primary schoolchildren in the same village commented that, "since children get food at school, they are not hungry. When they come home, they are still not hungry. This is good because then they can play when they come home. If they didn't get food at school they would be too tired to play."
Community Involvement in the In-School Feeding Program

According to the WFP Evaluation of PRRO Tajikistan 10231.0, “WFP’s decision to shift FFE from NGOs to district education departments helped to build local ownership.” Although there is not a strong relationship between WFP and the Ministry of Education at the central level, according to the evaluation, WFP’s field offices have good cooperation at the jamoat (district) level. This PRRO evaluation also stated that, “the local spirit of contribution is an opportunity on which WFP could capitalize as an element in an exit strategy.”

The research team found that in most villages with in-school feeding, local-level stakeholders were actively involved in the program and the communities contributed to FFE program operations through donations of food and fuel.

During the study, the research team found that the Parent Teacher Associations (PTAs) had served a fundamental role in supporting the FFE program by organizing parents and other community members to contribute to the program. While some PTAs had been established prior to the initiation of FFE, others were created upon the insistence of WFP in order to meet the conditions for participating in the program. According to informants across all villages, parents of children have helped to provide a consistent supply of fuel (firewood and manure) for cooking the FFE meal and for heating the school. Furthermore, respondents informed us that children’s parents have provided food, including potatoes, carrots, onions, cucumbers, pumpkins, other vegetables and meat (but very rarely), to supplement and diversify the hot meal provided by WFP. When we asked informants if all parents have contributed equally, we were told that some households have contributed more, some less, and some very poor households have not been able to contribute at all. When we asked respondents to estimate what percentage of the total amount of food received by the school had come from parents, responses ranged from 5 to 30 percent. Even at the lower end of the spectrum, informants reported that foods contributed by households had helped to diversify the meal and had made it more palatable for the children.

In one village in Rasht, a group of women mentioned that they had made an effort to supplement the WFP food after the harvest, but at other times of the year, it had been more difficult. A headmaster in Muminobod mentioned that during the winter months, the majority of households are unable to contribute food, yet many still continue to provide the school with fuel (manure). In general, however, PTA members and teachers did not mention seasonal variations in food availability. Nonetheless, we would expect contributions to be higher after the harvest and lower towards the end of winter.

In addition to organizing contributions, some PTA members also noted that they had been involved in monitoring the FFE program by making sure that WFP had delivered the food to the school and by checking to make sure that the children were content and were receiving the right amount of food at school.

As noted in the evaluation of the PRRO, the best way to support sustainability of the FFE program is by requiring community involvement. By requiring PTAs for schools to participate in the FFE program, WFP is building the foundation for sustainability after the official FFE program has ended.

**Observation of In-School Feeding & Food Preparation**

During our time in Rasht and Muminobod Districts, we observed the WFP hot meal being prepared in one school and served to school children in three different schools. When such observation was not possible, we visited the canteen nonetheless. The canteens were usually a classroom-sized room with a stove, tables and chairs, and some sort of storage area for bowls, cups and spoons. Children were brought into the canteen according to their class and served a portion of bread and soup. Sometimes there were not enough spoons for each child, so children shared. In one instance, after the children were finished eating, they were given hot tea to drink. We were given a portion of the soup and bread to sample and it was tasty; it included lentils, buckwheat onion, and other vegetables. The children ate and commented that they enjoyed the food provided. Sometimes the children seemed rushed, but that may have been due to our presence in the canteen.

**Improvements and Requested Changes to the In-School Feeding Program**

It was beneficial to talk to community members directly involved in, and impacted by FFE – the beneficiaries, their families and the PTA– and gather their uniquely informed perspectives for improvements or changes to the program.

*Continue, increase and diversify the ration*

By and large, the requests most commonly made were to continue the program, increase the amount of food in the ration, and diversify the ration to include sugar, rice, butter, tea, dairy products and macaroni. One headmaster made special mention of the provision of tea “*with sugar*” with the meal at school. Currently, the school, not WFP, provides tea to the children, but they do not have sugar to serve with the tea. The headmaster commented, “*in winter it is important for children to drink tea because it is cold and they are sick.*” But children often do not drink the tea that is provided because they do not like the taste without sugar. He also said that it was important for children to have something to drink when they eat bread.

*Non-food items*

In addition to other foods and tea, respondents requested that non-food items be added to the FFE program as a way to encourage attendance and address the needs of school children. In several villages respondents cited lack of funds for stationery, text books, and school uniforms as potential barriers to school attendance and asked that these items be provided to students in
addition to the food ration. Above all, the most commonly requested item was shoes for children. Lack of shoes was mentioned as especially problematic in winter when students may have to walk several kilometers in deep snow to reach the school. The prohibitive cost of buying shoes for school children was also cited several times by families receiving VGF. In a focus group in Rasht, a woman said, “Poor quality shoes for girls create a disincentive for going to school.”

**Morning snack**

The headmaster of a school in Muminobod made an interesting set of recommendations for improving FFE. First, he commented that children who attended his school did not have “conditions to eat at home” before they came to school. “They may have tea with a little sugar, but they come hungry.” The headmaster said, “It is necessary to feed the children earlier. They don’t have strength like adults. They get here and get hungry fast.” He commented that they arrive at school at 8:00am but do not eat until 11:00am, “therefore there are 120 minutes of hunger.” He suggested that it would be better to distribute a small portion of the ration to the children, in the form of fried dough, when they first arrive at school and then provide the remainder of the ration during lunch.

The previous account suggests that encouraging local decision-making regarding use of the ration may improve program outcomes. In this particular case, offering children food in the morning could reduce hunger, promote improved concentration, and increase learning potential. According to WFP, schools can provide the ration as they wish, whether it is all at lunch or some in the morning and some in the afternoon. Yet, this particular headmaster was under the impression that he was prohibited from distributing any of the food prior to lunch. This finding suggests the need for greater communication and clarification as to the rules and requirements of FFE.

**Monitoring and communication**

The headmaster referred to above also recommended that WFP conduct a survey of recipients and schools and develop norms for program operations. Although he did not provide more clarification on this point, he said, “You need to check everyone. Where they give food, it needs to be checked all the time.” He also added, “every month, all responsible people involved [in FFE] should have a seminar and make a report to give to WFP. If there are any gaps or problems, then the
 responsible people will say.” It should be noted that the headmaster did not believe there to be problems at his school, but that “it is always good to monitor.” Finally, he cited the need for more training, interaction with, and reporting to WFP about the program. Although these findings are limited to one informant, they suggest that in certain villages there may be an opportunity for WFP to increase communications with schools about FFE and involve key school officials more integrally in the monitoring and reporting processes.

**Take-home ration for teachers**

Another common request that we heard when we asked for suggestions of how FFE could be improved was to give teachers a take-home ration of food. Some teachers indicated that they would prefer a take-home ration to the in-school ration they had been receiving, while others requested a take-home ration in addition to the in-school ration. Teachers referenced low salaries and hardships they had suffered and claimed that the take-home ration would improve both their lives and their motivation to teach.

It should be noted, however, that only teachers in Rasht and not in Muminobod (or Faizobad, but since teachers there do not receive WFP food, it is not relevant) requested a take-home ration of food. The research team believes that this difference may be related to two factors. First, secondary school girls in Rasht receive a take-home ration whereas those in Muminobod do not. Therefore, teachers in Muminobod are unlikely to be aware of the existence of take-home rations. Secondly, in the past, teachers in Rasht had received a take-home ration; Rasht was a region that suffered some of the fiercest fighting during the civil war, and after the war, WFP provided rations to teachers as an incentive for them to stay and teach in the region.

Considering that FFE’s stated purposes are to improve the attendance of children through the incentive of food and to provide a safety net for the families of these children, the research team supports WFP’s decision to not provide teachers with take-home rations. Although teacher salaries are low and they may suffer hardship, at the end of the day, it should be the responsibility of the state, not WFP, to ensure adequate pay and/or incentives for teachers.

**PART III: Take-Home Ration for Secondary Girls**

Most FFE programs in Tajikistan are for primary schoolchildren and come in the form of an in-school hot meal. However, in parts of the country with particularly high gender disparity in secondary education, WFP implements a take-home ration (THR) program for girls in secondary school to incentivize more consistent attendance and prevent girls from dropping out before they receive their diploma. Of the districts the research team visited, Rasht is the only one with this type of program. Focus groups and interviews with parents of secondary-school girls informed our findings. Also, in one school in Rasht, eight girls in the ninth form were chosen by the headmaster to participate in a focus group. We asked respondents basic questions about the program to gauge their awareness of requirements to receive the food from WFP. We also asked questions including: “What is the purpose of the THR? What is the ration?,” and “Why is educating girls important?”
Stakeholder Perceptions

Purpose and objectives of the program

We asked our focus group of secondary girls to provide their perceptions on the purpose of the take-home ration. One girl responded, “It allows us to attend school,” and another said, “to study for ourselves and get food [for our families].” Mothers of FFE recipients in a focus group echoed this idea and added that since the THR program began, secondary-school girls have had more motivation to attend school. One girl said, “We understand the importance of food, so we do not miss school. We are plenty (meaning there are a lot of people in their families) and food is important.” However, there were several instances where parents, teachers, and students acknowledged that despite the ration, some girls do not come to school. In addition to being familiar with the purpose of the take-home ration, secondary school girls, as well as parents and teachers, were able to accurately describe the ration of flour, oil, pulses, and salt that is given to qualifying girls on a bimonthly basis.

In the focus group of secondary school girls, one respondent mentioned, and others agreed, that because certain families in the community had enough food, they did not view the THR as an incentive and thus did not send their daughters to school. On the other hand, she said that households without much food do care about the ration and send their girls to school in order to receive it. This suggests that the incentive of the WFP take-home ration to increase attendance may not be effectively targeting households that already have sufficient food. Potentially, FFE may increase enrollment of the most vulnerable pupils, yet, not target those who are considered to be moderately- or non-vulnerable. So, in villages where there is significant variance in the level of food security, the question emerges – is FFE for secondary girls ideal, or is there a better way to target all of the secondary school-age girls in the community?

Knowledge of attendance requirements necessary to receive the ration was inconsistent among recipients and parents. In one focus group with women, some of whom were parents of secondary female students, it was clear that they did not know how many days a girl could miss without being disqualified for the distribution. Some said that if a girl missed two days of classes, she would not receive the ration, while others said five days was the limit. Similarly, the participants in the focus group of secondary girls were unable to reach consensus on the attendance requirements. We asked these girls to provide reasons for why a girl might miss school and the answers included illness, no shoes, lack of textbooks, no notebooks, lack of winter clothes, thick snow, and having to stay home to help with household work. A few of the girls reported that they themselves had missed multiple days of school due to the reasons listed above, yet they reported to have always received the take-home ration regardless. When asked to explain further, the girls added that they would be excused for being ill and missing school if they brought a note from the medical center. Additionally, if a girl told her teacher that she
could not attend because she had no shoes, or any of the other reasons listed above, it would be considered a “reasonable excuse.”

The take-home ration in Rasht Valley appears to be helping families and the recipients with whom we spoke expressed great appreciation for the program. However, as we have mentioned, knowledge of attendance requirements in order to receive the ration was inconsistent among beneficiaries, and it appeared that the idea of a “reasonable excuse” was highly subjective. Beneficiaries perceived that if the reason for the girl missing school is respectable, then they will be excused and still get the ration. In order to achieve the best results with the THR program (improved female attendance and education), WFP is encouraged to work with the school administrations to set consistent attendance requirements and ensure that such requirements are clearly communicated to beneficiaries and their parents.

Benefits of FFE take-home ration

When we asked the focus group of secondary school girls about the impact of the take-home ration, one responded that it “makes conditions better and easier.” Agreeing with her, another girl said, “It helps us from two sides – on one side, it helps us learn, on the other side we get food, which helps our family.” Mothers of girls in the same village said that “the take-home ration makes life easier for the community” and that secondary girls who had stopped attending school were often persuaded to come back to school due to the ration. Another woman noted that some very poor families who receive the take-home ration claim that it is their only source of food.

It should be noted that many parents commented on the recent increase of the ration which doubled the amount of food a girl gets in each distribution from 25kg to 50kg every other month. Most said that this was very helpful for them, but one woman said, “Even this 50 kg of flour is not enough. Each household has 5 to 7 children.” We also asked mothers of secondary girls about changes in household spending patterns that had come as a result of the ration. Some said that they had bought non-food items such as stationery, clothes, and shoes while others reported that they had bought more diverse foods such as sugar, oil, potatoes and carrots for their families.

The positive impact of the take-home ration on household food security and livelihoods was clear. Based on our findings, the research team also believes that the THR has a significant and beneficial impact on female education and motivation. During the focus group with secondary school-aged girls, we conducted an exercise in which we asked the girls to respond, either through words or pictures, to the question “What are your dreams?” Each girl responded by saying that she wanted to go to high school and then to university to pursue a career. The majority said they wanted to go to medical school (however, we noticed some girls copying each other). Importantly, however, none of the girls mentioned marriage or bearing children as aspirations for the near future. Their responses highlighted that they were a group of highly motivated girls;
they might not have had these aspirations without the educational opportunities facilitated by the THR program. The research team acknowledges the limitations of the small sample size, yet believes that this represents an interesting area for further research.

Improvements and Requested Changes to the Take-Home Ration

When asked for suggestions for improvements to the THR program, respondents requested that the program continue – a response similar to the requests for continuation of FFE in-school feeding. They also expressed a desire for the amount of food to be increased. Some said that receiving the ration every month instead of every other month would be better. One mother told us that adding clothes, shoes, and small amounts of money to the ration would help the girls, especially in the winter months when weather and inappropriate clothing present significant barriers to accessing school. There were several requests to add sugar and rice to the ration as well.

Perceived Impact if THR Program was to be Discontinued

We asked mothers of secondary school girls the hypothetical question, “If the take-home ration program ended, what would you do?” They said that they would spend less money on school supplies and clothes, as well as less money on fuels such as diesel and kerosene. One woman noted that if the program ended, “the schoolchildren would suffer the most – as well as families that have a lot of school-aged children. It would be very difficult for large families.”

The secondary girls we spoke to, however, had a different response to the same question posed to mothers. One girl emphatically replied, “no matter if the program existed or not, we would still go to classes; we have to study, graduate and go on to high school.” The other girls agreed with her. When we then asked if their parents would be able to send them without the ration, all girls responded, “yes.” However, due to study limitations, the research team was unable speak with the girls’ parents to confirm this assertion. We believe that the girls’ responses may reflect that they did not fully understand the reality of their family situations, and that they perhaps had not had discussions with their parents about what would in fact happen if the ration ended.

PART IV: Faizobad District Schools

As we mentioned, there are no WFP programs in Faizobod District. We visited two villages in the district and observed one secondary school in each. In conversations with village leaders, community members, and a teacher, we found that there were no in-school feeding programs provided by either the government or any other organization. In one of the two villages we visited, parents in a focus group mentioned that a lack of a canteen for the children at the school was a significant community problem. Like other districts, community members identified deteriorated infrastructure including the buildings themselves, electricity problems, lack of water at the school, and lack of heating in the classrooms as community problems.
As stated previously, the research team’s objective in visiting schools in Faizobod was to gather information that would allow for comparisons between schools without FFE programs and those in other regions where FFE programs are currently being implemented. The only truly differentiating factor was the in-school feeding program by WFP. Because the problems experienced in Faizobod are similar to those in Rasht and in Muminobod, and because we did not observe any significant problems with hygiene and the latrines in Faizobod, we cannot draw any connections between the differentiating factor – FFE – and the differences observed. However, our study was very limited in this regard, and it would be interesting to conduct a more extensive study of the impacts of FFE on problems relating to the school across districts and regions in Tajikistan.

RECOMMENDATIONS

1) **Continue in-school feeding component of FFE in the upcoming PRRO** – due to benefits to attendance, academic performance and child nutrition. We recommend continuing the program in schools that currently receive aid and are meeting WFP requirements. For those schools that are not complying or unable to meet the requirements, an assessment for continuation or discontinuation is indicated.

2) **Increase and diversify the ration** – per the request of parents, teachers, and beneficiaries to include other commodities such as rice, sugar, and macaroni. Vegetables and dairy products, if they are provided, should come from the communities. Explore the possibility of providing a ready-to-eat, micro-nutrient fortified biscuit as a mid-morning snack, especially in highly food-insecure districts.

3) **Partner with UNICEF to provide non-food items in conjunction with FFE** - for particularly vulnerable children in both primary and secondary school to include items such as stationery, textbooks, winter clothes, and shoes. According to the data collected by the research team, shoes seemed to be a high priority, but a broader survey of recipients’ needs throughout regions where FFE exists would be necessary to ensure the appropriate items are provided.

4) **Partner with UNICEF to provide hygiene and de-worming interventions in FFE-targeted schools** - to help prevent/mitigate illness and thus increase the likelihood that children are obtaining the full nutritional benefit from FFE meals. In addition, WFP is encouraged to include observation of latrines and pre-meal hand-washing behavior among their FFE monitoring activities.

5) **Improve communication with headmasters and other stakeholders:**
   - Regarding norms and processes associated with FFE in-school feeding, such as he rules regarding using part of the ration as a mid-morning snack.
Regarding secondary take-home ration program – requires clarification with regard to who is responsible for setting the attendance requirement for girls to receive the take-home ration, what exactly this attendance should be, what qualifies as a “reasonable excuse,” who is responsible for alerting the beneficiaries to the requirement, and who is in charge of enforcing the requirement. This is important for ensuring that the purpose of the program is met and that beneficiaries benefit, not only from the food ration, but from the educational benefit that the incentive should facilitate.

The above could be achieved by WFP sub-office staff and FFE government point people who would distribute information to headmasters regarding these requirements and would post program information in the schools, community centers and other public places.

6) **Further study of take-home ration program participants** – would provide WFP with important information about the educational and livelihood impacts of the program. Studies could take the form of:

- A case-control study to gauge the willingness of families to send their children to secondary school in the absence of food provision. Tracking attendance rates with and without the take-home ration may give WFP more insight into the effectiveness of the incentive.

- A longitudinal cohort study of former THR participants to track whether they continue on to high school, higher education, and which types of work or careers they pursue. With proper controls, WFP will be able to assess the impact of completed secondary education on further educational pursuits and careers.

7) **Link former take-home ration participants to other WFP programs** – Because of limited opportunities for continuing education and career development for girls in Tajikistan, as well as high female unemployment rates, consider developing Food for Training (FFT) programs that would focus on former THR recipients to develop skills for self-employment such as sewing, baking, or handicrafts. Such opportunities for skill development and income generation could increase the effectiveness of the THR ration by providing an added incentive for the completion of secondary school.

8) **Integration of FFW for rehabilitation of school infrastructure** – In FFE-targeted villages where deteriorated school infrastructure (including classrooms, latrines, and canteens) has been identified as a significant community problem, consider implementing Food For Work projects (which could potentially target parents of students) to rehabilitate structures and/or create new ones. Improved structural environments that are more conducive to learning would amplify the benefits of improved concentration and learning provided by the FFE in-school meal.
VULNERABILITY & VULNERABLE GROUP FEEDING

INTRODUCTION

The research team conducted qualitative data collection on WFP’s Vulnerable Group Feeding (VGF) program in two villages within the Balkhobi Jamoat, of the district Muminobod, in the Khatlon Province. The primary objective was to gauge community perceptions of VGF and in doing so, answer the questions: “Is VGF really what people need? Does receiving periodic food rations make a difference in the lives of vulnerable groups? Would receiving a different commodity or cash better address the needs of vulnerable populations?” Furthermore, in focus groups and one-on-one interviews, we asked community members and local leaders to report on the processes involved in VGF in order to assess the extent to which their accounts aligned with official WFP protocol. Analysis of discordance in perceptions and knowledge helped to inform recommendations for programmatic modification.

With regard to the findings and analysis related to this segment of the research, please note that reference is made to a “Village A” and a “Village B.” Since only two villages were used in gathering information on VGF, and because of some striking differences uncovered between the two villages, the research team believed that presenting data in this format was most appropriate.

As a subsidiary to the primary objective, the research team was interested in gathering perspectives, of both community members and local leaders, on the current causes and consequences of vulnerability. Research to inform this objective was not limited to the Muminobod district, but rather occurred across all three districts visited, including in Faizobod, where WFP activities are absent. In focus groups and interviews, the questions for which the team sought answers included: Who are the vulnerable groups? How have recent shocks, including drought, high food prices, and the economic crisis affected vulnerability? How are households coping in light of these new shocks? Since the presentation of perceptions of vulnerability logically precedes the findings related to VGF—a program targeted at addressing vulnerability—findings related to the secondary objective are presented first.

Stakeholders in VGF

From drafting beneficiary lists to distributing and receiving food, many parties are involved in the implementation of VGF. Key stakeholders include: WFP sub-office staff, monitors externally hired by WFP to oversee VGF processes, Hukumat staff, Jamoat staff, village chairmen, local VGF committees (ideally), and household beneficiaries.
FINDINGS & ANALYSIS

PART I: Perceptions of Vulnerability

Who is Vulnerable?

The research team asked focus group members and other informants to express what they considered to be main determinants of vulnerability in their communities. Answers helped to illuminate whether current VGF targeting criteria coincided with local perceptions given current trends and problems. Also, the research team was interested in uncovering whether perceptions of vulnerability differed between villages in which WFP is absent (Faizobod District) and those in which WFP is active (Rasht and Muminobod Districts).

Overall, perceptions of the main determinants of vulnerability were constant across villages, regardless of WFP presence. A statement by a focus group member in Muminobod summarized the two reasons for vulnerability most frequently reported across all three districts: “Joblessness is the thing that makes a household most vulnerable, and the next reason is many people in the family.” When asked to provide an estimate of the proportion of people in their respective communities that were consistently employed, community members in villages within all three districts quoted figures that were less than 10 percent.

Aside from unemployment and large households, respondents often mentioned that households without working-age males were particularly vulnerable. Lamenting the loss of her husband and the subsequent emotional and financial stress she had endured in trying to raise four children without an income or pension, a woman from Muminobod said, “When my husband died I lost my life-line. I wanted to take my own life.” Additional causes of vulnerability mentioned by informants included illness and having many young children. A woman in Rasht remarked on the particular challenges faced by female-headed households with many children: “when my kids get to be about 10 years old, things will be easier because they will be able to work around the house; right now I have to do everything, and it is nearly impossible.”
Initially, neither focus group members nor key informants mentioned any of the following as factors of vulnerability: lack/minimum number of productive assets including livestock, lack/small amount of land, and old age. However, when prompted on these issues, respondents in each of the three districts emphatically confirmed that these were all indeed factors that contributed to vulnerability of households. Nonetheless, informants maintained that unemployment and large households were the most significant contributors to vulnerability.

Conversely, commonly perceived characteristics of non-vulnerable households included: employment, presence of working-age males, ownership of land and livestock and/or having a household member working in Russia. However, some respondents commented that due to the global economic crisis and Russia’s slowing economy, the latter characteristic—having a household member in Russia—had recently become a cause of vulnerability. A woman in Muminobod offered a particularly telling account of how male migration had increased the vulnerability of women and children left behind. Recalling her experience as the de facto head of household when her husband migrated to Russia for seven months in 2008, this informant reported:

"At first I supported his decision to go. I realized our situation was hard and I thought it was a good thing. But, life was more difficult when my husband was away and there were too many problems to face and solve by myself. There was no man here. My roof leaked and I couldn’t fix it. We had to struggle to find food; we ran out of food and had to wait for remittances, but I never knew when they would come, and when they did come it wasn’t as much as I had expected. In earlier days, men [in this village] would send thousands of dollars back every month. [My husband] only sent 300 dollars in total."

When asked if in the future she would support her husband’s decision to return to Russia to find work, the informant reported that while she had supported his previous decision to migrate, she would not do so again, nor would her husband suggest such a move. The experience had not been fruitful, and in the absence of her husband, she was unable to meet the basic needs of her and her children. Similar accounts were heard from female informants in all three districts.

**Perceptions of vulnerability have remained relatively constant**

In general, our findings on perceptions of vulnerability align with those presented in the report of the Emergency Food Security Assessment (EFSA), conducted roughly one year prior in April/May 2008. The most significant difference between our findings and those of the EFSA is the current focus on “joblessness” as the factor most responsible for vulnerability. Yet, due to

63 FAO et. al. (2008).
our small sample size relative to that of the EFSA, and study designs that cannot be compared, we cannot confidently conclude that this finding represents a change in perspective from last year. That said, it is nonetheless possible that our findings reflect the recent and quickening decline in remittances, which may in turn make the lack of income-earning opportunities of even greater issue to rural Tajiks.

Coping Mechanisms

Focus group members and interview participants were asked to provide their account of how vulnerable groups cope with hardship. Listed below, in no particular order, are the six coping mechanisms that were most frequently mentioned across all three districts. Note, however, that the sixth mechanism listed was only mentioned by respondents in Rasht and Muminobod—the districts in which WFP is active.

1. Eating less food than they had in previous years;

2. Selling livestock in order to purchase either fodder for the remaining livestock, food for their families, or to pay off debt incurred over the unproductive growing seasons;

3. Spending less money on other necessities, including health care and clothes in order to purchase a sufficient amount of food;

4. Male migration either to Dushanbe or Russia;

5. Buying food on credit; and

6. Receiving and consuming food aid from WFP

In contrast to the EFSA (2008) report, none of informants with whom we spoke cited “consumption of seed stocks” or “taking children out of school” as coping mechanisms employed by vulnerable groups. Yet, once again, this difference does not necessarily represent a change but may rather reflect the limitations of our study, including small sample size and limited time.

In the majority of villages, respondents referred to the “community” as a valuable resource for helping individual households cope with hardship. For instance, focus group members in a village in Faizobod mentioned that the community had regularly pooled money to support the livelihoods of the more vulnerable households. In each village in Faizobod and Rasht, and in Village A in Muminobod, focus group members and key informants indicated that it was common for

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64 For example, one key informant reported that the drought had left him without wheat for flour, flax to make flaxseed oil, or sufficient fodder to provide for his animals. In the autumn of 2007 he sold five sheep in order to feed his family over the winter.
households to share food (usually bread) with other households that were food insecure. Conversations with members of vulnerable households confirmed these assertions.  

In sharp contrast to the reports above, in one of the two villages we visited in the Muminobod district—Village B—vulnerable groups made explicit reference to their geographic and social isolation and commented that they did not ask nor depend on others in the community for help. The research team sensed undercurrents of individualism and shame in Village B that were not sensed elsewhere. For instance, a VGF beneficiary in Village B remarked, “People who have self-respect do not go frequently to their neighbor’s house, they stay to themselves and think about their situation.” Another VGF beneficiary in this same community commented, “A person who gets involved in other peoples’ business is not good.” Interestingly, compared to other villages visited, vulnerability and food insecurity in Village B appeared to the research team to be both more widespread and severe.

The findings above suggest that the frequency and severity of vulnerability within a rural Tajik village may be inversely related to the level of social capital within the community. This analysis is consistent with the EFSA (2008), which found that the proportion of food insecure households appeared to be less in communities with higher solidarity in which households expressed reliance on community assistance to respond to difficulties.

PART II: Vulnerable Group Feeding

As previously noted, the research team’s findings on VGF were limited to two villages in Muminobod—Village A & Village B. Table 1 summarizes some of the key differences between these two villages thus providing context for the presentation of findings and analysis.

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65 In each district, village leaders and community members helped the research team identify and access community members who they considered to be among the most vulnerable. In Muminobod, those who were accessed were those who had previously received vulnerable group feeding and thus had met WFP’s criteria for vulnerability.

66 FAO et. al. (2008).
<table>
<thead>
<tr>
<th>Table 1: Characteristics of Village A &amp; B: from reports and observations</th>
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<tr>
<td><strong>Village A</strong></td>
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<tr>
<td>Number of Households</td>
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<tr>
<td>Distance to Jamoat office (VGF distribution point)</td>
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<tr>
<td>School?</td>
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<tr>
<td>Medical Point?</td>
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<tr>
<td>Water supply?</td>
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<tr>
<td>Actions of leader appear transparent</td>
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<tr>
<td>Social cohesion appears strong</td>
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<td>Number of households targeted in VGF distribution in November 2008</td>
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<tr>
<td>Role of community in targeting VGF beneficiaries</td>
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<td>Leader knowledge/awareness of VGF processes</td>
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<td>Beneficiary knowledge/awareness of VGF processes</td>
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<td>Beneficiaries reported receiving the correct composition and quantity of VGF food rations</td>
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**VGF Processes**

Through interviews and observation, the research team uncovered significant differences in Village A and Village B with regard to the processes of targeting beneficiaries and distributing food rations. Compared to Village B, program implementation in Village A was more closely aligned with what the research team understood of WFP protocol and appeared significantly more successful at reaching the goals of VGF, including targeting the most vulnerable groups. We propose that the ethos and actions of local leaders combined with the strength of social networks and the degree of isolation of a community, help to determine programmatic success.

The research team noted that compared to the chairman in Village B, the chairman in Village A was considerably more in-tune with the issues and problems of his community members. Moreover, he was markedly more knowledgeable of VGF processes. The chairman in Village B was reluctant to engage in conversation about the VGF program, appeared frustrated when prompted, and offered reports that were inconsistent. He also became noticeably agitated when the research team asked to see the VGF distribution list and when we expressed our desire to seek out VGF beneficiaries for information regarding distribution processes. In contrast, Village A’s chairman disclosed information willingly and encouraged us to speak with beneficiaries.
both villages, the general level of knowledge and awareness of VGF processes among community members, VGF beneficiaries included, seemed to parallel that of their respective chairmen.

**Beneficiary Selection**

The chairman in Village A described a process of beneficiary selection that included identification of vulnerable households by a village commission (of which he was a part), followed by a community meeting during which attendees voted on the inclusion and exclusion of households. The chairman claimed that in the past, these meetings had been well attended by more than 70 percent of community members. In his opinion, “the best way to decide VGF recipients is by community voting; the community has the most knowledge about who is vulnerable.” According to this chairman, empowering the community with this role had helped to eliminate jealousy and antagonism amongst community members and to reduce resentment towards him as the sole decision-maker. When asked if there was a limit to the number of households that could be included on the beneficiary list, the chairman said that WFP had told him he could include no more than forty-two households.67

In contrast, the chairman in Village B reported that he could not comment on the beneficiary-selection process, as he had not previously been involved and was thus unaware of the details. He commented that he did not know whether it was WFP or FAO that had provided food rations. He claimed that he was unsure of when the last list was made, and was unable to remember the timing of the most recent distribution. Yet, after some prodding by the research team, the chairman produced a list and admitted to having played a role in its drafting. Nonetheless, he was unable to provide details on the beneficiary-selection process. Subsequent discussions with community members revealed that the names of more than five of the seventeen households on the beneficiary list were of people who did not exist.

**Ration Distribution: from notification to delivery**

The chairman of Village A provided a detailed description of the VGF ration-distribution process that occurred in November 2008. He reported that as soon as he had been notified of the pending distribution (approximately one week prior), he had visited the houses of beneficiaries, notified them that they had been included among the targeted beneficiaries, provided them with a coupon and informed them of the day and time they were required to go to the Jamoat office to retrieve the ration. The chairman reported that although beneficiaries were supposed to retrieve their rations in person, if a household had been unable to do so, he had retrieved it for them using a donkey and cart. Focus group discussions and one-on-one interviews in Village A corroborated the chairman’s account of the distribution process.

67 We followed up with WFP CO Staff regarding a “quota” or maximum number of households, and WFP does not recommend this to Jamoats. According to WFP, the list initially drafted by communities should include every single household that meets the WFP criteria. In this way, WFP can ensure that the most vulnerable households are being reached, regardless of the community in which they are located.
When the research team first asked the chairman of Village B to provide a description of the VGF ration distribution process that had taken place in November 2008, the chairman claimed that he could not do so because he had not been involved in the process, and thus was unaware of the details. Yet, subsequent interviews with VGF beneficiaries suggested that the chairman had actually played an integral role in the process; in fact, all beneficiaries claimed that it was the chairman who had delivered the food to their houses. Later, when asked to clarify his statement in light of what the beneficiaries had reported, the chairman admitted that he had in fact retrieved the food rations from the Jamoat and had delivered them to recipient households. When asked if anyone had accompanied him to retrieve or deliver the food, the chairman responded that another man from the village had helped him. It is important to note that a WFP monitor did not accompany the chairman back to the village to ensure the proper delivery of the rations.

The majority of VGF beneficiaries in Village B claimed that they had not known that they were going to receive a food ration in November 2008 until the moment the chairman arrived at their house with the food. Those who did receive prior notification from the chairman reported that such notice was given no more than four days in advance and that they were neither given ration coupons, nor instructed to travel to the Jamoat office to retrieve their rations.

Had beneficiaries been instructed by the chairman to retrieve the ration in person, the research team questions whether they would have actually done so. As discussed in more detail below, when the research team asked beneficiaries in Village B to indicate if, given the hypothetical option, they would choose a ration of food or cash, all said they would prefer to be given food, citing their geographic isolation and other reasons relating to the inability to ‘access’ markets. The research team believes that the same factors inhibiting access to markets – poor infrastructure, child-care responsibilities, lack of transportation, etc. – would also serve to inhibit ‘access’ to the ration distribution point. Clearly, having beneficiaries retrieve their rations in person, and in the presence of a WFP monitor, is an effective way of ensuring that those who are targeted are those who receive the food. However, in order to reach vulnerable groups in isolated villages, consideration should be given to how the distribution process could be modified to overcome the barriers of ‘access’.

All beneficiaries of the November 2008 VGF distribution, with whom we spoke in Village A, reported receiving a ration consisting of all four food commodities\textsuperscript{68} and in the quantities WFP had established for their household sizes. In addition, they all claimed to have presented a coupon and signed a list indicating receipt of the ration. Furthermore, VGF beneficiaries in Village A correctly identified WFP as the organization responsible for supplying the food. In

\textsuperscript{68} Wheat flour, oil, pulses and salt.
contrast, none of the VGF beneficiaries in Village B correctly identified WFP as the organization that had provided the ration. Beneficiaries reported that the chairman had told them the ration was from the ‘state’ or ‘Caritas.’ Also, most beneficiaries reported that they had not been required to sign a list to indicate receipt of the food. The research team confirmed this with visual inspection of the list. When asked to comment on the type and quantity of food they had received, beneficiaries in Village B described rations that were inconsistent with what they should have received according to WFP protocol, and according to what was indicated on the list. Households with greater than four members reported receiving only 50 kg of flour, and others reported that they had only received a small bucket of pulses, or none at all.

It appeared to the research team that through his role in the processes of VGF, the chairman in Village B had veered from WFP protocol. We have reason to believe that the chairman was responsible for falsifying lists to include “ghost” names and failing to provide targeted beneficiaries with the appropriate quantity and composition of rations. We postulate that the chairman was not forthcoming with information regarding VGF and his involvement in the processes because he feared alerting WFP of his wrongdoings. Our suspicions of the chairman grew upon the discovery of multiple sacks of WFP-labeled flour piled in his kitchen. The research team suspects that this flour was that intended for the “ghost” households. It is also possible that food meant for the “ghost” beneficiaries, as well as the food found to be missing from the rations of actual beneficiaries, was redistributed among other community members. The research team notes, however, that due to study limitations, we were unable to confirm these suppositions.

VGF Effectiveness

*Is VGF effective at targeting the most vulnerable?*

The Jamoat representative and the chairman in Village A correctly identified income and ownership of land and livestock as main targeting criteria for VGF (refer to Appendix 1: Program Descriptions for the list of targeting criteria). The chairman in Village B professed to be unaware of the WFP targeting criteria. In the opinion of the Jamoat representative, the WFP criteria is, “professionally done and corresponds to the ‘real’ vulnerable households.” While local leaders and community members agreed that WFP criteria targets vulnerable households, some also suggested that VGF targeting criteria was too broad to effectively target the most vulnerable households. Both the Jamoat representative and the chairman in Village A claimed it was necessary to use ‘local knowledge’ of the situation to identify those who are truly the most vulnerable.
Informants mentioned two main problems with targeting criteria. First, they suggested that limits set on the criteria for income and livestock ownership, and to a lesser extent land and productive asset ownership, were too high. For example, when asked how many households would meet the income criterion developed by WFP – earning no more than 89 somoni per month per capita – the chairman from Village A responded: “no one in community makes more than this.”

Second, informants indicated that other factors including sickness, a lack of able-bodied men, and a death in the family might cause significant vulnerability despite the fact that a household may meet the other criteria. For example, a key informant in Village B spoke of households that owned greater than 1 hectare of land, yet because of sickness or lack of working-age adult males, the land had not actually yielded any benefit. Thus, in this case, in the opinion of informants, the problem with the targeting criteria lies in defining vulnerability by the presence of an asset instead of a household’s ability to actually ‘access’ the asset.

**Social Capital, Geographic Location & VGF Effectiveness**

The research team believes that the greater geographic isolation and lower degree of social capital in Village B versus Village A, helps to explain findings of reduced adherence to WFP programmatic protocol and reduced effectiveness at reaching vulnerable groups in the former village compared to the latter. The research team got the impression that, in Village A, which is located significantly closer to the jamoat than is Village B, information about VGF was more easily transferred to community members, thus helping to ensure transparency and accountability of stakeholders. Further, the proximity of Village A to the Jamoat helped to ensure the rations were distributed to the targeted beneficiaries; it was easier for beneficiaries in Village A to access the distribution point and retrieve their rations in person.

In his definitive sociological treatise, the sociologist Robert Putnam defined ‘social capital’ as “referring to features of social organization, such as trust, norms, and networks that can improve the efficiency of society by facilitating coordinated action.” At the village level in Tajikistan, the research team observed that the formal network of social organization was represented by the mahalla-- the head village leader. Through conversations with village leaders and community members, the research team found that the mahallas and their appointed committees were invested with a semi-official authority to work in coordinated action with the Jamoats for the interests of their communities. However, it was also apparent that important support networks among neighbors and extended families operated independently of the formal social network headed by the village leader. In villages where social networks among residents appeared the strongest, such as within Village A, the research team noted that village leaders seemed better able to coordinate their own formal networks to target community needs.

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The research teams’ findings from Village B suggested that when neighborly relations and kinship networks are fragmented or weak, information transfer among community members is slowed, and there is less trust and accountability between villagers and their leaders. We also believe that the fragmentation of social capital networks and greater social isolation observed in Village B, versus Village A, helps to explain findings of reduced adherence to WFP programmatic protocol and reduced effectiveness of VGF at reaching vulnerable groups. In Village B, it appeared that the chairman had drafted inaccurate beneficiary lists, distributed rations that were not complete, and appropriated food for himself—apparently unbeknownst to beneficiaries. The research team postulates that he was able to do so because he was the only one in the community involved in VGF; the community could not hold him accountable because the processes were not transparent. It appeared that no one else knew how the program should operate, nor who was supposed to receive rations. On the other hand, the strong social cohesion and in Village A, and the existence of a VGF committee, appeared to offset domination by the local leader. The comparison of Village A and Village B provides impetus for the modification of operations to promote increased transparency and accountability at the local level in order improve the effectiveness of VGF. The research team believes that this could be facilitated through programmatic mechanisms that elicit the involvement of diverse social groups into VGF committees.

Is VGF effective at improving livelihoods?

When asked about the use of the most recent VGF ration received, all beneficiaries with whom the research team spoke said that it had been consumed among all household members equally, none of it had been shared with other households (nor had they been asked by any leader/community member to share it with other households), and none of it had been sold. Beneficiaries said that their lives had changed for the better as a result of receiving the ration. One beneficiary commented, “I was able to feed my children throughout the day; because of [the VGF ration] my children weren’t always hungry.” Yet, beneficiaries were quick to add that the positive impact was short-lived. In the words of another beneficiary, “VGF made life easier, but it only lasted one month; then the food was gone and it was hard again.” Beneficiaries were unable to suggest ways that VGF had helped to improve livelihoods over the long-term.

VGF beneficiaries were asked to comment on any changes in household expenditures or savings that had occurred as a result of receiving the VGF ration. Responses included the following (in no particular order):
(1) Money that would have otherwise been spent on foods included in the ration was used to purchase items such as potatoes, onion, sugar, rice and noodles, essentially *dulversifying the diet* while the ration lasted;

(2) While the ration lasted, money was saved, and savings were used to *purchase staple foods* (mainly flour and oil), *after* the ration had been entirely expended;

(3) Money that would have otherwise been spent on food was used for other essential needs. Those explicitly mentioned were: *clothes/shoes for children, school supplies, and home repairs*;

(4) Money that would have otherwise been spent on food was used to *finance credit* accrued at the local store from previous purchases of foodstuffs;

(5) Money that would have otherwise been spent on food was used for *travel and treatment of sickness at the medical point*;

(6) There were *no changes* because there was no money to begin with, and no income/pension coming in;

Most beneficiaries mentioned a combination of two of the responses listed above.

For the most part, other informants corroborated beneficiary reports of the ephemeral benefits of VGF. The chairman of Village A was the only informant who suggested the possibility that VGF could produce long-term benefits to recipients. He noted that there were roughly 20 households in his village that had once been included in the list of VGF beneficiaries but which no longer qualified for inclusion because their standard of living had improved. He suggested that having received VGF had helped to raise their standard of living by freeing up money, which would have otherwise been spent on food, to be spent on productive assets to promote future income generation. He identified households that had used saved money to buy livestock and others that had started small retail businesses. However, it is important to note that the chairman did not believe that VGF had been the sole force responsible for improving livelihoods. In fact, in his opinion, “*VGF helped these households, but what helped even more is that their children grew older and can now work.*” This account suggests that while VGF has the potential for *helping* to promote long-term improvements of livelihoods, it is not sufficient in itself. More research into the potential long-term benefits of VGF is warranted.
According to WFP, VGF is a stopgap measure to address short-term food insecurity and prevent immediate deterioration of the health and livelihoods of vulnerable groups. Beneficiary reports confirm the short-lived benefits of VGF. Nonetheless, the report from the chairman in Village A suggested the potential role of VGF in promoting sustained improvements in livelihoods. Yet, in light of conversations with current VGF beneficiaries, the research team doubts the ability of VGF to promote long-term livelihood improvements among the most vulnerable households for whom meeting immediate needs is of utmost priority. For those for whom securing enough to eat is a persistent daily struggle, it is unlikely that any money saved through VGF would be invested in productive assets rather than in the purchase of consumables. For less vulnerable households, that would fall under the category of ‘moderately’ rather than ‘severely’ food insecure, VGF may in fact help to ‘push’ them out of vulnerability. This raises an interesting question—if VGF can help the less vulnerable escape poverty traps does it make more ‘sense’ in terms of effectiveness and efficacy for WFP to target VGF to this group over the most vulnerable? And, even if it does make ‘sense,’ is it ethical to exclude the poorest?

**Is food what beneficiaries want?**

All VGF beneficiaries with whom the research team spoke expressed appreciation for the food ration(s) they had received. Nonetheless, in order to gauge whether providing beneficiaries with food was in fact the best way to meet their needs, or whether they would prefer to receive other commodities and/or cash in lieu of food, the research team presented beneficiaries with a series of hypothetical questions. All beneficiaries in Villages A and B said that if given a choice, they would rather receive food than any other commodity (including clothes, seeds, & housing materials), given that food most directly addressed their most pressing issue: hunger. As a female beneficiary stated, “food is better because we can feed the children. Hunger is the problem to be solved.” Vulnerable households understandably discount their future while focusing on their immediate needs, which a ration of food serves well. After food, “clothes and shoes for school children” were most frequently mentioned as commodities for which beneficiaries would be particularly grateful.
When asked to provide their reasoning for why, if given a choice, they would prefer food to seeds (of wheat, alfalfa, flax, etc.) beneficiaries cited unpredictable weather and the fear that yet another year would be marked by drought and low/no yields. As stated by a female beneficiary,

“in our area it is hard to deal with seeds because our land is rain-fed. If I take seeds instead of food, my life will not improve. Last year I got one sack of seeds and planted them and had no harvest. So why would I get seeds again? Please, food is better.”

Other reasons for preferring food to seeds included: lack of access to land for cultivation, a lack of agricultural inputs (i.e. fertilizer and machinery) to maximize yields, and an absence of able-bodied adult males for agricultural labor. One VGF recipient stated, “I got a sack of seeds last year and they are still in the bag. I can’t plant them. I don’t have a tractor or men to help; for me they are useless.”

When asked whether, if given a choice, they would rather receive a ration of food or an amount of money equivalent to the cost of the food, all beneficiaries questioned, with the exception of two in Village A, said that they would prefer the food. When asked to provide their reasoning for preferring food to cash, beneficiaries, and especially those in Village B, mentioned constraints to accessing markets, including distance and lack of transportation. Further, female-headed households with young children listed child-care responsibilities, and the inability to leave children home alone while traveling to markets. When asked how they would spend cash if they were to receive it instead of food, most beneficiaries claimed they would spend the bulk of it on food. Plastic for roofing to prevent leaks, medical needs, clothes and school supplies were cited as additional items on which cash would be spent.

**Community suggestions for improvement of VGF**

Beneficiaries struggled to provide suggestions for the improvement of VGF. They expressed their appreciation for the program and their desire for its continuation. When probed for specific suggestions, the most common requests given were for an increase in the quantity of the food commodities supplied and an increase in the diversity of the ration to include dairy products, meat, fruits and vegetables. According to beneficiaries, rations received during the November 2008 distribution lasted between one and two months, with the flour lasting the longest and the oil lasting only two weeks on average. Relative to beneficiaries in Village A, those in Village B reported that their rations lasted for a shorter period of time; this makes sense given that those in Village B also reported receiving less food than those in Village A.

Beneficiaries were asked for their opinion on how targeting and distribution of VGF could be improved, and once again they struggled to provide suggestions. When asked which months of the year they would most prefer to receive food rations, beneficiaries gave a variety of responses including, “any time of year because we are always in need” and “April or May because that is when people run out of resources.” When asked if they would prefer to be informed at an earlier date of their inclusion status on the list of beneficiaries and of when the distribution would occur, beneficiaries provided mixed answers. In both villages, some VGF beneficiaries reported that the time of notification was not important, while others said that earlier notification would be appreciated because they would then “be able to plan accordingly.” Implicit in the preference for
earlier notification is the desire to make informed decisions and have greater control over one’s future—something that vulnerable groups lack. Earlier notification could help to promote long-term improvements in livelihoods, or at least prevent deterioration in the long-term, by potentially helping to avert the adoption of negative coping strategies, such as the sale of livestock.

RECOMMENDATIONS

Related to perceived causes of vulnerability:

1) **Contribute to the long-term reduction in the scope and depth of vulnerability by targeting main causes of vulnerability as perceived by rural communities:**

   o **Unemployment:** In current VGF-beneficiary communities, explore the possibility of introducing Food for Training (FFT) programs to provide VGF beneficiaries with skills for self-employment (i.e. sewing, baking, etc.); consider partnering with a microloan/credit institution to provide participants with the means to capitalize on their skills. By addressing a major underlying cause of vulnerability (lack of income), a program of this nature has the potential of reducing vulnerability in the long-term.

   o **Large family-size with many young children:** Explore the possibility of partnering with the United Nations Population Fund (UNFPA) and the Ministry of Health to increase access to reproductive health and family planning education and services among WFP beneficiary communities.

   o **Migration of males:** Explore the possibility of partnering with UNFPA to scale up the Migrant Wives Project\(^{70}\) in VGF-beneficiary communities to help women, who have become vulnerable as a result of male migration, become economically independent.

\Related specifically to the VGF program:

To increase transparency and accountability:

2) **Offset domination of village leader and encourage increased social cohesion** - by requiring, as a prerequisite for inclusion, that each beneficiary community elect a committee, consisting of members from vulnerable households, to assist with VGF activities such as drafting preliminary lists and notifying beneficiaries of distributions;

3) **Require the community posting of beneficiary lists** -- before the distribution period, require that each community VGF committee post, in a public place, the list of targeted beneficiaries, the composition and quantity of the ration they are supposed to receive, and the day/time they are to go and retrieve the ration;

4) **Conduct Purposive sampling** -- during post-monitoring activities, purposely sample remote villages where issues of diversion and poor targeting may be higher;

5) **Hold local leaders accountable** -- if WFP discovers behaviors that contradict protocol, including the redistribution or hoarding of food, alert the community of the wrong-doing; notify the community that as a prerequisite for inclusion in future distributions, the leader in question must be prohibited from participating in any part of the VGF process, from drafting lists to distributing food.

**To improve targeting of vulnerable groups:**

6) **Encourage use of ‘insider knowledge’** -- in drafting beneficiary lists, encourage VGF committees to use WFP criteria as a guideline but also supplement these criteria with their ‘insider-knowledge’ of local vulnerability.

7) **Allow for one/a few community member(s) to retrieve rations for all community beneficiaries** -- acknowledge the necessity among many communities, especially those that are isolated, to have one person/group pick up rations for all beneficiaries in a community; change official protocol to allow for this but require that a WFP monitor accompany the person/group back to the village to verify the distribution within the community in order to reduce problems of diversion.

**To amplify the impact of VGF on livelihoods:**

8) **Provide larger rations to larger households** -- budget permitting, adjust the ration scale so that large households (i.e. six members plus) receive a proportionately larger ration than those with four or five members

9) **Provide earlier notification of pending distributions** -- as far in advance as possible, inform the Jamoat and VGF committees of the time/date of the forthcoming distribution and require that they immediately inform beneficiaries.

10) **Investigate the potential for VGF to produce sustainable livelihood results** -- conduct further research to assess how, and under what circumstances, VGF could be leveraged to promote long-term livelihood improvements; if research indicates, consider broadening VGF targeting criteria to include ‘less vulnerable’ or the ‘moderately food-insecure’ for whom food rations may serve to help to escape “poverty traps.”
FOOD FOR WORK

INTRODUCTION

The research team’s primary objective in looking at FFW projects was to gauge perceptions of the FFW program and its value to communities. Specifically, we were interested in understanding the views of local stakeholders on the food ration, project implementation, skill creation, and importance of assets created through FFW. Important concepts that guided our data collection included the ‘sustainability’ of assets created and ‘community ownership’ – we wanted to know whether assets created through FFW had been maintained by the community, and if so, through what processes.

FFW projects are designed to meet one of two of WFP’s strategic objectives (SOs) as outlined in PRRO 10603.0: to meet the immediate food needs of the victims of natural disasters (SO-1), and to contribute to the creation of sustainable productive community assets with the aim of improving household food security through FFW (SO-2). The research team gathered data on two FFW projects: The first was designed to meet SO-1 and involved an ongoing home reconstruction effort following a massive earthquake that occurred in July 2007. The second project was conducted under SO-2 and involved the rehabilitation of a Soviet-era irrigation canal, completed in 2006. The research team conducted focus groups and key informant interviews with the following community members: male and female participants of FFW who received the food ration, project engineers, Jamoat representatives, and local officials who helped with organization and implementation of the projects.

In addition to areas served by FFW projects, this portion of the study also encompassed villages in Faizobod District where WFP activity is absent. As previously mentioned, in these villages the research team conducted focus groups and interviews with village leaders and community members to collect data regarding problems and needs of the community, and the potential for addressing these issues through WFP programs. The lack of vital infrastructure (including bridges, roads, irrigation canals, etc) and the community’s capacity to address infrastructural deficiencies were themes that prevailed during our data collection activities in Faizobod. This data helped the research team to identify the need and potential for implementing FFW projects in Faizobod.

Stakeholders in FFW

The stakeholders in the FFW program include the actual program participants, who provide labor in return for the food ration, the families of participants, village leaders, Jamoat representatives, FFW project committees, project engineers, WFP sub-office staff, and WFP’s partner
organizations. Additionally, as in the case of the irrigation project discussed below, FFW projects often result in the creation of productive assets that are ‘public’ in nature, thus providing benefits that spillover to the entire community. Therefore, in such cases, entire communities have a ‘stake’ in the success of FFW projects and in the maintenance of the assets created.

The Context for WFP and FFW in Rasht Valley

Both of the WFP FFW projects examined during this study had been implemented in Rasht Valley, Rasht District. There are a number of significant geographical, cultural and historical constraints to economic and human development in Rasht Valley that are worthy of mention in order to better understand the context in which FFW has been implemented. For example, the region’s harsh, mountainous terrain and severe winters make for poor access to other regions. Bad roads make access to goods and services difficult and prevent communities from accessing material inputs necessary to address infrastructure needs. In July 2007, an earthquake registering 5.5 on the Richter scale destroyed 300 homes and damaged 1,200 more in the region. The research team collected data in the Jamoat where the epicenter of the earthquake, and therefore the most damage, occurred. In recent years, many people affected by the earthquake have benefited from an influx of humanitarian aid and disaster relief; nonetheless, the region is still in a state of recovery. Additionally, Rasht is characterized by traditional attitudes towards women that are among the strictest in Tajikistan.

FINDINGS & ANALYSIS

PART I: Perceived Impact of FFW

Former FFW participants generally held positive attitudes towards FFW and expressed gratitude for the program. The benefits of FFW cited among recipients ranged from saved income and skills acquired, to increased social cohesion and improved community food security.

Saved Costs

Repeated accounts of the value of food savings suggested that the food ration provided through FFW had been vital in enabling individuals to meet essential needs like food security, health, and adequate shelter. Former FFW participants and their spouses from both FFW projects examined in this study estimated that due to the receipt of food aid through FFW, they had saved an amount of money totaling between 200 and 250 USD. Men and women both reported that they had used saved money to buy additional food to diversify their meals, and, in the case of the home reconstruction project, had been able to acquire additional building materials including
sand, mud, stones, and timber. One respondent mentioned having used the saved money on medicine. FFW participants involved in the home reconstruction project reported that they had prioritized spending saved money on reconstruction materials over other needs, as winter was approaching, and it was in their best interest to finish construction as soon as possible.

**Timing of the ration**

Generally, WFP provides food to FFW participants upon the successful completion of the mutually agreed upon project. However, in the case of projects that extend beyond a three-month timeframe, WFP may provide rations in installments. This was the case in the home reconstruction project. Beneficiaries of this project with whom the research team spoke mentioned that they had received a ration of food prior to project initiation, another ration approximately half way through the project, and a final ration upon the completion of their houses (participants whose houses had not yet been completed informed the research team that they expected to receive their final ration shortly). The ration provided to FFW beneficiaries before project initiation was not part of the FFW project, but rather part of WFP relief assistance in response to the earthquake. Beneficiaries said that the receipt of this initial ration had been critical in helping families survive following the earthquake, and moreover in providing them with the nourishment and energy necessary to participate in manual labor. Beneficiaries of the home reconstruction project said that if they were to participate in future FFW projects, they would prefer to receive food in installments rather than receiving the total amount upon project completion. In the words of one focus group member: “we’d prefer it (food aid) during implementation. It is necessary to do work.”

Beneficiaries of the irrigation canal project informed the research team that they had received only one ration, and it was upon the completion of the project (total project duration was approximately three months). When asked for their opinion on the timing of the receipt of the food ration, some beneficiaries expressed satisfaction while others echoed the statements of the home-reconstruction project participants. They commented that in the future they would prefer for WFP to distribute food rations during project implementation because doing so would give workers the energy needed to work hard and complete the project.

**Benefits of partnership**

The home reconstruction FFW project was implemented with partner coordination and support from Habitat for Humanity, the Aga Khan Development Network (AKDN) and the National Institute of Seismology. FFW beneficiaries displayed a high awareness of the different services provided by, and roles played by, WFP, Habitat for Humanity, and to a lesser degree, AKDN, in the reconstruction of homes through FFW. By working in partnership with other organizations
and institutions in the completion of FFW projects, WFP provides beneficiaries with increased access to non-food inputs, construction materials, technical inputs, and finances. In the case of the home reconstruction project, the research team learned that AKDN initially provided a micro loan of 800 USD per household. These funds were subsequently used by Habitat for Humanity to acquire and deliver building materials to 14 recipient homes for repair and rebuilding. According to FFW participants, who were also recipients of the micro-loans, each recipient household signed a small loan contract with terms of repayment for half of the material costs (400 USD) back to Habitat for Humanity. Repayment was set to begin shortly after the departure of the research team — at the end of March of 2009 — in installments of 35 somoni (9.25 USD) per month. Former FFW participants voiced support for this arrangement. They were confident that they and other beneficiaries would be able to make repayments on the loans.

Community members in both Faizobod and Rasht cited ‘a lack of funding to purchase needed materials’ as a main factor inhibiting the initiation and completion of infrastructure projects. The success of the home reconstruction FFW project suggests that WFP can effectively overcome this barrier and empower motivated communities to take control of their own infrastructural development by providing access to microfinance and small loans through partnership with organizations such as the AKDN. In the development of future FFW projects, WFP is encouraged to explore other opportunities to partner with AKDN, or other similar organizations, to facilitate access to financial resources for beneficiaries.

The research team noted the perceived importance, both among community members and WFP staff, of actively engaging key community members in the execution of FFW projects. For example, during the planning and implementation phases of the FFW home reconstruction project, WFP and Habitat for Humanity drew on the expertise of a local engineer from the affected region. According to WFP staff and FFW participants, not only was the engineer’s technical knowledge beneficial to the project, but as a trusted member of the community, his engagement and cooperation provided the collaborating organizations with valuable insider knowledge to help target beneficiary households.

**Importance of the asset**

In the case of the two FFW projects covered in this study, respondents consistently identified the constructed infrastructural asset as the primary incentive for their participation in FFW.

Since 2006, the FFW rehabilitated irrigation canal in a Rasht village has revitalized agricultural production in four neighboring villages, and improved food security for hundreds of local households. It was clear that the asset created had conferred significant benefits to the community at large and not just to those who had participated directly in the FFW project. Respondents reported that in 2007,
lands irrigated from the canal had yielded eighty tons of potatoes, of which five tons had been distributed to local schools to supplement school feeding programs, and seven tons had been provided to the local military unit. In addition, respondents reported that as a result of the project, households in the four villages had been able to access water from the irrigation canal for their kitchen gardens. As a result household food security had improved through the cultivation of crops including potatoes, onions, carrots, cabbage, and beans. Focus group participants recognized the spillover benefits of the project. As one former FFW participant stated, “food aid from WFP was provided to 20 men who worked on the project; but as a result of the project, many plots of land could be irrigated, and five-hundred households have access to water for their kitchen gardens.” Although not specifically cited by respondents, there is good reason to believe that increased agricultural yields resulting from a rehabilitated irrigation canal could serve as a vital source of income generation for community members through the sale of crops. Further research in this area is warranted.

When former participants of the home reconstruction project were asked about their motivation for participating in FFW, they emphasized that, “It was our homes we were building.” The reconstruction or repair of their homes had helped participants attain a secure and stable livelihood after a devastating natural disaster. The research team noted that because they had dedicated their time and labor to the projects, participants in both the home reconstruction project and the irrigation project had developed a sense of ownership over the assets created. The team doubts that such ownership would have been felt had FFW beneficiaries not been required to ‘invest’ in the asset creation. In the case of the home reconstruction project, the research team believes that participation in a micro-loan scheme, and the requirement that participants invested financially in the asset created, helped to reinforce the sense that participants ‘owned’ their homes.

Creation of skills

Although WFP Tajikistan no longer implements a Food for Training (FFT) program to actively target skill-building, the research team found evidence to suggest that FFW projects, with technical coordination from partner organizations, can and do impart valuable skills to participants.

Participants in the home reconstruction project expressed gratitude for the training sessions and seminars (given by technical experts) that they had received before and during project implementation. According to participants, these sessions had been vital for providing them with the skills and knowledge necessary to rebuild their homes in a more safe, earthquake-resilient manner. Moreover, participants expressed the belief that skills acquired through such training sessions had the potential to produce long-term benefits. For example, FFW participants reported that the skills they had learned had already been put to
use during community *khashar* projects—a finding which suggests the utility and importance of these skills to community development. Respondents also commented that after the completion of the project, some participants were able to use skills learned to find work as migrant laborers abroad. As nearly 60 percent of the working-age male population periodically works abroad in migrant labor, working-age males with valuable labor skills have been a major asset for Tajikistan. As one former participant said, “In seminars and trainings we learned technical skills, and specific construction techniques such as plaster, bricks, building supports...in the future we could use these skills... Many people went to Kazakhstan and Russia to use these skills.” From the data collected for this study, the extent that the labor skills acquired through FFW influence decisions to migrate is unclear. Respondents commented that due to the lack of employment opportunities within Tajikistan, it had not yet been possible to use newly acquired skills for domestic income generation.

The creation of labor skills was not cited as a benefit among participants of the irrigation canal project. These beneficiaries commented that they had already had the skills needed to build the irrigation canal, but what they had been lacking were the resources to put the skills to use. For example, one former participant in the FFW irrigation project commented, “We did not learn anything new, we got a shovel. You can’t learn anything from that.”

While former participants of the FFW irrigation canal project may not have acquired any new manual labor skills, our findings suggest that they did in fact gain valuable skills and knowledge related to effective community organization and management, which have helped them maintain the asset created. Focus group members described their annual maintenance plan for the canal which included organizing a community *khashar* to clean the irrigation canal line, and collecting up to 2500 somoni per year (660 USD) from households that use the land to pay for renting a truck and equipment for excavation. The former FFW participants predicted that the project would be sustainable and remain productive “for a hundred years.”

**Impact on attitudes**

Another benefit of FFW identified in our research was the positive impact it had on community attitudes and social cohesion. A former participant of the FFW irrigation canal project noted that, “if you provide a cup of food to your neighbor, he will not be filled up but, his attitude will be changed. This is why the WFP program is so good. They give food, but more importantly they motivate the community.” This suggests that the ‘motivation’ generated by FFW activities puts communities in a better position to show more initiative in effecting change in their communities and in maintaining created assets.

Findings from the FFW irrigation canal project suggested that when a community has active involvement in project development and implementation, they are inclined to ‘take ownership’ and assume maintenance of the asset. FFW projects that feature rehabilitation of Soviet-era infrastructure represent a process of transferring ownership of assets to communities that were previously regarded as State property. All working-age men and women in Tajikistan were born

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in a country where ‘community assets’ were subjugated to ‘state assets’ and where infrastructure was planned, built and maintained through centrally planned state government. By shifting ownership and control of infrastructure and productive assets to local communities, FFW projects can help communities uncover their own capacity that was forced into dormancy during the Soviet Era.

**Women's Perceptions of FFW**

Due to time constraints, the research team was unable to arrange a focus group with women to discuss the FFW irrigation canal project. We did, however, conduct a focus group with women who were involved in the FFW home-reconstruction project. Due to strict gender roles in Rasht Valley, it was useful to speak with women separately from men. There was value in considering women’s attitudes towards FFW separately from that of men in order to uncover their unique perceptions of their role in the house reconstruction project, the food ration provided, and their capacity for involvement in future FFW projects.

Women reported having taken an active role in home reconstruction. They reported having participated in activities such as preparing and carrying mud and cement, sifting sand, painting, and clearing construction rubbish. Women whose houses had already been completed reported that the construction had taken two months on average. According to these women, during this period, they had worked 7 to 8 hours a day, 7 days a week. One woman commented, “It was very hard and rough for us. We tried our best, but sometimes we were very tired and got sick.” Other women supported this assessment and cited that they had experienced general weakness as well as pain in muscles and joints due to their work. During this period, women reported that they had still needed to attend to their household duties – cooking, cleaning, and taking care of children – in addition to the work on their homes. Despite the hardships women reported to have encountered during project implementation, they nonetheless demonstrated interest and enthusiasm in participating in future FFW projects saying, “to better our lives, we would sacrifice – our health and ourselves.”

When women were asked to identify other problems or needs that could be addressed through FFW in their community, the most common response given involved the construction of a water system to supply piped water to households. When asked if and how they could participate in such a project, women expressed willingness to participate “in a women’s manner” by preparing bread and food for male workers. However, they added
that “if men would ask, we would help” in other ways than preparing food. Yet, they remarked on the difficulty of balancing exhausting manual labor with household duties and suggested that if they were to actively participate in a future project they would prefer to do so according to a rotating schedule, whereby each woman would work only one or two days a week for two to three hours in the morning. According to the women, such a schedule would help to prevent the exhaustion they had experienced during the home reconstruction project. The suggestion of a rotating schedule reflects a key finding of WFP’s “Enhanced Commitment to Women to Ensure Food Security Report”, which states that “complementary services, e.g. flexible timing and working shifts can enhance women's participation in FFW”.

PART II: Potential Directions and Developments of FFW Moving Forward

Potential for FFW in Faizobod

During data collection in Faizobod district, which, again, is without WFP programming, the research team found that focus group participants and key informants alike were able to clearly articulate the most pressing needs affecting their communities. These needs often took the form of infrastructure projects, such as bridges and roads, with the potential to broadly impact livelihoods of entire communities. The lack of material and/or financial resources was the most commonly cited reason for why projects had not been undertaken and/or completed. In both villages, despite the lack of resources, the research team found strong leadership and motivation among community members to address problems.

Community members with whom we spoke in one Faizobod village resoundingly identified ‘bridge repair’ as the most critical community need. The town was bisected by a large river that separated the majority of its residents from their agricultural lands. The village leader said that every year he has collected funds from the community for materials that are subsequently used to rebuild a large footbridge. Year in and year out, the pattern has been the same – the community has rebuilt the bridge through khashar, only to have it washed out.

away months later by flooding. In assessing his village’s needs, one key informant stressed that the construction of a flood-resilient bridge would improve the lives of more than half of the people in his village. When asked to provide examples of the benefits that would be gained by a bridge, the informant mentioned increased crop cultivation and economic opportunities as well as improved access to health services and education. A geologist and engineer by profession, the man went on to point out the structural mistakes made in the 1970’s when the bridge was constructed and how such mistakes could be corrected.

Community leaders in Faizobod villages displayed an eagerness for collaboration with WFP on FFW projects. Furthermore, certain key individuals demonstrated technical expertise in identifying problems, and had practical plans for the execution of projects to address these problems. Despite our admittedly limited sample size, the research team believes that both the need and potential exist for WFP to partner with Faizobod communities in the implementation of successful FFW projects.

### Potential for improving knowledge of FFW at the village level

As WFP seeks to increase FFW activities across the country, the research team believes that they would benefit from exploring ways to increase communication between WFP staff and local stakeholders, including Jamoat leaders, village leaders, and community members. To local government officials and village leaders, WFP should consider disseminating materials that outline the application process and community requirements, and that include brief descriptions of previous FFW projects -- their outcomes and lessons learned. WFP is more likely to receive a larger number of realistic and viable project applications if local stakeholders are well informed of the FFW application process, including the criteria a proposed project must meet in order to be considered for implementation, and if they understand the potential benefits that can accrue to communities through such projects.

WFP should strongly encourage Jamoat and village leaders to engage entire communities in the application process, from the identification and prioritization of community problems, to the assessment of a community’s capacity to address these problems. Even though WFP will not be able to implement FFW in all villages from which they receive applications, they will nonetheless have provided a tremendous service to communities simply by encouraging this type of community dialogue. It is possible that through such dialogue, communities will uncover their true capacity, and in doing so, realize that the solutions to their problems can be effectively addressed internally, without external assistance.

### Potential for engaging female heads-of-household

Female heads-of-household with whom the team spoke seemed particularly grateful for having been given the opportunity to participate in, and benefit from, the FFW home reconstruction project. Two women in our focus group commented that since they did not have husbands, if the project had just been targeted to men, they would have never had the opportunity to rebuild their houses and improve their lives and those of their children. When a female becomes a head-of-
household in Tajikistan, it is more often than not because her husband has migrated to Russia. While some women receive regular remittances from their husbands, our findings suggested that many others either receive remittances irregularly and in small amounts, or do not receive remittances at all. The economic crisis, and the inability of migrants to not only find jobs abroad, but to pay for their transportation back to Tajikistan, threatens to increase the vulnerability of female-headed households. With this in mind, it is appropriate for WFP to conduct further research into the potential for developing and implementing FFW projects that are specifically designed for female-participation and benefit.

Opportunities and challenges for introducing FFW into VGF-targeted communities

In the 2007-2009 PRRO (10603), WFP announced a plan for the gradual introduction of FFW in communities that had previously received high VGF support in order to “build lasting assets and support sustainable livelihoods.” On the whole, the research team supports this integration. If former/current VGF beneficiaries are targeted for participation in FFW they could potentially (depending on the project) acquire knowledge and skills to increase their marketability and enhance their income-earning capacity. Moreover, even if VGF beneficiaries are not directly targeted for FFW, the assets created through FFW could enhance their livelihoods indirectly. For example, FFW projects such as the irrigation canal project in Rasht illustrate FFW’s potential for creating assets that have spillover benefits for entire communities. By providing 500 households access to irrigation water for kitchen gardens, this project fostered the “increased ability of food-insecure households to manage shocks,” one of FFW’s stated goals. These benefits are particularly important for vulnerable households, which are generally characterized by high levels of food insecurity and lack of access to agricultural production.

Research from the field identified a number of potential barriers to the programmatic shift from only VGF to a combination of VGF and FFW or to only FFW. Our research indicated high variation in levels of social cohesion in Tajikistan at the village level. In some settings, former VGF recipients appeared isolated from their neighbors and leaders, excluded from formal community networks of support, and without access to land and agricultural resources. In these areas, village leaders showed little comprehension or knowledge of the struggles of the most vulnerable in their communities. In such communities, it is easy see how the voices of vulnerable groups could be left out in the project planning stage. Therefore, it is uncertain if an FFW project designed and implemented in such villages would benefit or reach the most vulnerable.

An additional challenge to this programmatic shift is that former and current recipients of VGF may be unable to actively participate on FFW projects, as projects often involve intense manual labor for consecutive weeks and months, thus precluding the involvement of individuals who are

73 WFP, “Emergency food assistance to people severely affected by food insecurity and livelihood crisis during the critical hunger period gaps,” (2008b), pg 7.
elderly, weak or have health problems. Additionally, low household resources and income poverty has been shown to result in the poor being passed over for potential formal and informal employment opportunities.75 As the evaluation of PRRO 10231.0 notes, “stronger and more enterprising households try to get FFW and this tends to crowd out the more disadvantaged households.”76

In communities where the level of social cohesion is assessed and found to be low, or where vulnerable groups are excluded from community decision-making processes, WFP should not phase out VGF entirely, but rather continue to implement it alongside FFW, thus ensuring that vulnerable groups are targeted. Alternatively, and depending perhaps on the assessed work-capacity of vulnerable groups in each community, WFP could replace VGF with FFW projects that are specifically targeted at vulnerable groups, and in doing so, enable the vulnerable to build household assets. Projects could include home reconstruction/reinforcement projects designed to increase the resilience of home structures to natural disasters. Since it is the most vulnerable groups who tend to live on the most marginal and disaster-prone lands, and who occupy the least well-built structures (generally mud-adobe), home reinforcement projects are particularly relevant. The continual damage and destruction of household assets resulting from severe weather conditions and disasters keep the rural poor in Tajikistan from improving their circumstances, leaving them in a vulnerable position to future shocks.

Aside from projects that address the structural needs of vulnerable households, WFP could also consider projects targeted at helping vulnerable groups enhance the agricultural output of their (generally minimal amount of) land or those, such as reforestation projects, to promote the restoration of land around their households. Depending on assessed need and community capacity, such projects targeted directly at vulnerable groups at the household level, could be implemented either in isolation or in conjunction with other FFW projects designed to build community assets.

Potential role for FFW in natural resource management (NRM), disaster mitigation and increased agricultural production

In each of the eight villages visited for this study, the lack of sustainable natural resource management (NRM) was evident; it was clear that agricultural production and food security had been compromised as a result. A confluence of factors, including stagnantly high rural poverty, increasing population pressures, mountainous terrain, limited arable land, lack of irrigation infrastructure, lack of integrated land management, inappropriate agricultural methods, and poor access to technical support for farmers, contribute to increasing land degradation in rural Tajikistan. In turn, land degradation promotes further impoverishment by increasing vulnerability to natural disasters and their sequelae such as mudslides, soil-erosion, and the silting of waterways used for drinking and irrigation. In a vicious cycle, these disasters contribute to a further deepening of vulnerability, poverty and food insecurity.

WFP is encouraged to consider using FFW as a platform to promote the conservation and rehabilitation of the natural resource base. Innovative NRM projects, involving activities such as reforestation, river bank restoration, and pasture improvements, that engage farmers and other local stakeholders and transfer technical skills and know-how, have the potential to greatly mitigate the outcomes of severe weather conditions, improve food security, enhance rural incomes, and protect community livelihoods.

WFP is also encouraged to consider additional programmatic processes to help support local agricultural production. In regions as diverse as Africa, Latin America and Asia, WFP’s Purchase for Progress (P4P) program has successfully demonstrated that by regularizing local procurement arrangements with local farmers, WFP can increase agricultural production and promote income generation. Assessing the feasibility of a P4P arrangement in Tajikistan was not in the scope of this study. Yet, the research team believes that such an arrangement may represent a valuable opportunity to boost local agricultural markets, increase local production, bolster food security through income generation, and generate employment. In deciding where to pilot P4P, WFP is encouraged to consider communities in which an FFW project related to agricultural production (i.e. irrigation canal rehabilitation) was previously implemented. More research into the feasibility of incorporating P4P into future programming is warranted.

Potential for Integration of Returned/Returning Laborers

The global economic crisis may create opportunities to harness an increased labor-force capacity at the community level. As construction jobs in Russia disappear due to the effects of the global economic crisis, many Tajik laborers, for lack of work, are returning to their native country. The potential for this population to be engaged in community development projects like FFW remains uncertain, but as more working-age men return from their work abroad, it is an important consideration for the FFW program.
when assessing labor capacity in the community. In our research, village leaders displayed detailed knowledge of local labor migration patterns, indicating that they could be instrumental in identifying potential workers for future FFW projects.

Prioritizing FFW projects

According to WFP, the irrigation canal project, in contrast to the home reconstruction project, required little technical input and low material costs. The main tradeoff appeared to be that beneficiaries of the irrigation canal project, in contrast to the home reconstruction project, did not report having gained labor skills through their participation in FFW. However, the value of such skills is questionable in light of high domestic unemployment and falling migration rates. High food prices and lack of access to irrigation water were among the community problems most frequently cited by participants in all villages included in this study. The FFW irrigation canal project reviewed by the research team was found to be particularly successful at increasing agricultural output and broadly improving household food security. With this information in mind, it is appropriate for WFP to consider prioritizing FFW projects that are less technically complex with high spillover benefits, over those which may build skills but do not produce much in the way of spillover benefits to the community. Projects that build skills generally require more technical input and thus require more in the way of oversight and managerial capacity; thus, they are more costly. In contrast, those that require simple manual labor, such as the irrigation project, require less input, cost less, and as a result could be implemented in more areas.

RECOMMENDATIONS

In order to strengthen current program processes:

1) Improve basic communications with communities and sub-district governments regarding FFW application procedures and requirements -- provide descriptions of examples of previous successful FFW projects, along with information about costs and provision of materials; this would help communities understand the program better, assess their own capacity to implement FFW, and raise the quality of FFW project proposals.

2) Consider adjusting the ration distribution schedule – consider distributing the ration in installments, with the first distribution occurring prior to project initiation, in order to enhance participants’ physical ability to participate in daily labor.

3) Encourage enhanced female participation in FFW – advocate for increased female presence among FFW committees and support women in creating flexible schedules for their participation in FFW activities.
When considering opportunities for expansion of FFW activities:

4) **Assess the feasibility and need for implementing female-only FFW projects**— in regions/districts/villages with a particularly high proportion of female-headed households, assess women’s perceived capacity and desire to participate in FFW; involve women in the design and management of projects.

5) **Consider broadening the geographic scope of FFW implementation**— to include communities in Faizobod, and other districts not currently receiving WFP assistance, that have considerable infrastructure needs along with demonstrated community capacity and motivation.

6) **Integrate FFW into VGF communities**— depending on community dynamics and the characteristics of vulnerable populations, consider maintaining VGF support after FFW integration and/or consider targeting FFW directly at vulnerable groups with projects designed to build household assets.

7) **Integrate micro-finance**— seek greater engagement with national and international organizations that facilitate group microloans and microfinance initiatives to target resource-poor communities with FFW projects.

8) **Use the FFW model to promote natural resource management**— form partnerships with local/international organizations that have the technical capacity and know-how to design and implement NRM projects that will help to avert the consequences of future natural disasters and improve livelihoods.

9) **Assess the feasibility of local procurement in a Purchase for Progress (P4P) arrangement**— develop indicators that could be used to assess the agricultural output of FFW projects that have impacted yields and production. Review similar WFP experiences with P4P programs globally to assess the program’s viability for Tajikistan.

10) **Assess the potential for harnessing the capacity of returned laborers**— conduct further research among community leaders as well as returned laborers themselves to determine how best to engage returned migrant laborers in projects to promote community development.

11) **Consider prioritizing lower-cost FFW projects over those that require greater financial and material inputs**— projects such as the rehabilitation of irrigation canals require less technical and material inputs, and yet have the potential to significantly impact long-term food security on a broad scale.
FOOD FOR HEALTH – TUBERCULOSIS

INTRODUCTION

The research team’s data collection on WFP’s Food for Health for TB patients (FFH-TB) program was limited to interviews among current patients and staff in the TB Center of Gharm and interviews with former patients and their family members in their homes in villages in Rasht Valley. The research team was unable, due to time limitations, to conduct focus groups related to FFH-TB. It should be noted that triangulation of data collected was extremely limited due to the small sample.

Our principal objectives in examining the FFH-TB program were to elicit stakeholders’ perceptions of the impact and effectiveness of the program, and to ask for their recommendations for improvements. Key questions for which the team sought answers included: What do patients perceive to be the major barriers to treatment seeking and adherence? In which ways does the WFP food incentive influence case-detection and treatment adherence? How is the composition of the hot meal and take-home ration perceived by beneficiaries and other stakeholders? How can the FFH-TB program be improved?

In addition to the qualitative data gathered in the field, our analysis drew upon secondary research, most notably the 2005 report of a case study (funded by the CORE Group) entitled, “Using Incentives to Improve Tuberculosis Treatment Results: Lessons from Tajikistan.” The report documents findings from a four-year project (begun in 2001) aimed at controlling the TB epidemic in Tajikistan. The project was implemented by Project Hope in partnership with the Tajikistan National Tuberculosis Program (NTP), WFP, and the International Red Crescent Society. The primary objectives of the project were two-fold:

1) To implement an effective directly observed treatment, short course (DOTS) in two pilot sites (16 centers total); and

2) At the pilot sites, determine the impact of food as an incentive for patients to complete therapy.

To our knowledge, the Project Hope study represents the only study thus far to have evaluated the effectiveness of food as an incentive to improve TB control in Tajikistan. Considering that the research team was only able to visit one TB center, this report, as well as other secondary research on TB in Tajikistan and globally, was critical for the contextualization and analysis of qualitative data and the drafting of programmatic recommendations.

Stakeholders in FFH-TB

Key stakeholders in the FFH-TB program include current and former patients, patients’ families, the center director who oversees patient care and registers patients and their families in WFP’s program, medical and non-medical staff, including cooks who prepare food for TB patients, and a WFP food handler, who is a medical worker or member of the staff responsible for maintaining the list of patients for WFP food distribution and overseeing those distributions.

FINDINGS & ANALYSIS

PART I: Background -- TB as a threat to public health in Tajikistan

With an estimated incidence of 204 per 100,000 population, Tajikistan has the highest incidence of TB among the WHO’s European Region. After the collapse of the Soviet Union, and the civil war that followed, Tajikistan’s health system quickly deteriorated. Today the system remains weak, both in terms of physical infrastructure and health workforce capacity. It is therefore not surprising that TB treatment and control are neither well integrated nor accessible. Every year since 1996, TB mortality rates have increased.

While Tajikistan faces similar challenges as other Central Asian countries regarding TB control, the situation is compounded by higher poverty rates, more migration, and less developed infrastructure to implement Directly Observed Therapy, Short-Course (DOTS). Although political commitment to TB control is high, managerial capacity is weak, and as a result, the National TB Center lacks the capacity to fully implement TB control activities at the national level. Consequently, TB control remains largely dependent on outside support. According to Mohr et al. (2005), the government of Tajikistan currently funds only 10 percent of the total cost of the TB program.

The DOTS strategy was first introduced in Tajikistan’s capital of Dushanbe in 2002. Since then, countrywide coverage with DOTS has risen annually, reaching 100 percent of NTP centers in 2007. The NTP system includes 64 active TB centers, including include 26 inpatient facilities with a total of 2000 beds. Globally, DOTS strategy and modern TB treatment rely heavily on outpatient treatment. In Tajikistan, however, following protocol from the Soviet era, patients are commonly treated at an inpatient facility for the first two to three months of treatment. After the intensive inpatient phase, patients typically continue treatment on an outpatient basis. Estimated at 86 percent, the TB treatment success rate has met the WHO target (85 percent).

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79 Ibid.
80 Ibid
81 Ibid.
82 Ibid.
the other hand, although it is thought to be increasing, the case detection rate is currently estimated at 65 percent—below the WHO target (70 percent of smear positive cases).\textsuperscript{85}

Most cases of TB can be cured through adherence to six months of treatment with a cocktail of three to four drugs. However, adhering to such a strict regimen can pose significant challenges, especially to TB patients, who are generally among the poorest and most disadvantaged members of society. Previous studies in Tajikistan and globally have found that such challenges include distance and transportation costs to obtain services on a regular basis, poor conditions of inpatient facilities, financial costs associated with certain diagnostic tests, and the opportunity costs associated with time away from work and home. As stated by Beith et al (2009 pg. 240), in light of these challenges,

\begin{quote}
without proper health education on the risks of stopping treatment early and other motivators to encourage continued treatment, patients may stop taking drugs when they start to feel better. Unreliable drug supply, poor prescribing practices and inadequate patient management can also result in inappropriate TB treatment.
\end{quote}

Not only does poor adherence to TB medications compromise the recovery of an individual patient, but it contributes to the development of strains of the bacterium that are resistant to drugs. The development of resistant strains has severe public health implications.

Multi-drug resistant TB (MDR-TB) — defined as strains of TB with resistance to at least the two core anti-TB drugs—poses an ever-increasing threat to global efforts to control TB. USAID has reported that according to preliminary findings of a small drug resistance survey (DRS) \textbf{Tajikistan may have one of the highest rates of MDR-TB in the world}.\textsuperscript{86} To date, cases of extensively drug-resistant TB (XDR-TB) have not been confirmed in the country. However, preliminary findings from the DRS showed that such cases do exist.\textsuperscript{87}

Curing a patient of MDR-TB can take over two years and is roughly 100 times more expensive than the treatment of drug-susceptible TB.\textsuperscript{88} It is therefore not surprising that ensuring patient adherence to DOTS is significantly more challenging when dealing with MDR-TB. At the household level, families must bear the economic burden of more expensive and prolonged treatment with drugs that are more toxic to the patient.\textsuperscript{89} Furthermore, family members are placed at risk of infection with a more lethal strain of TB. The financial and opportunity costs associated with treating and caring for multiple household members affected by TB can devastate livelihoods. At the community and national level, MDR-TB can weaken the workforce and place particular strain on already weak health systems.

Worldwide, a range of performance incentives, both financial and material, and directed at both patients and providers, has been developed to overcome barriers to case-detection and treatment adherence. These incentives include direct payment, deposit return, food, and transportation

\textsuperscript{85} Ibid.
\textsuperscript{86} Ibid..
\textsuperscript{87} USAID
\textsuperscript{88} Beith et al 2009
\textsuperscript{89} Beith et al 2009
subsidies. In Tajikistan, through the FFH-TB program, WFP provides two types of food incentives to patients: one hot meal per day for patients undergoing inpatient treatment at a TB center or hospital and a take home ration for patients and their families. The latter is given to patients on a bi-monthly basis for six months, beginning after the first two weeks of treatment, and contingent upon treatment adherence. The Global Fund works to overcome barriers from the providers’ side by awarding financial incentives to health care workers who have successfully cured a patient of TB.

PART II: Perceptions of the WFP Food Rations

Inpatient hot meal

The patients at the TB center in Gharm are provided one hot meal per day at lunch with food provided by WFP and prepared by a cook that works for the hospital. The research team asked center staff to provide their perspectives on the meal provided. The director commented, “TB patients need good food. WFP’s one meal per day is not enough and is not diverse enough.” The center’s deputy director, who also serves as the center’s WFP-food handler, said the following, “It [the hot meal] is too small. TB patients need no less than four meals per day, and they need meat and milk.” In an interview with one of the cooks that prepares food for the TB center, she stated that the meal provided by WFP is not sufficient for TB patients. She showed us the daily ration (as mandated by WFP) provided to the two TB patients who were currently at the center and said, “it’s too little.” She also commented multiple times that the amount of food she is given in the WFP ration is not sufficient for the preparation of a ‘tasty’ meal.

The deputy director informed the research team that the TB medicine provided through the DOTS program could produce serious complications involving the liver and other organs. He stressed the necessity to neutralize such side effects with a balanced diet consisting of three to four meals a day. He reported that since WFP only provides enough for one meal a day, and because the contribution from the hospital is minimal (roughly $0.19/patient/day), in order to consume an optimal amount of food, a patient must either buy additional food or have a family member bring him/her food. As mentioned by respondents, many patients cannot afford to buy food in town, and it is often difficult, for reasons of cost, distance, weather, and lack of transportation, for patients’ family members to bring food to the center. According to the deputy director, the majority of patients are unable to meet their nutritional needs and their health and recovery is compromised as a result.

At the time we visited the TB center, there were two male patients staying in the ward. We toured the facilities and met one of the patients inside the hospital. During this initial encounter, this patient told us that he had received one hot meal at lunch every day and that he liked the food. However, later, when we encountered him again outside of the center, his response was quite different – we suspected that this might have been due to the director’s presence inside the
hospital. Outside the center, when asked for his opinion of the hot meal, the patient said, “it tastes like straw” (meaning it has no taste), and while bread was given, it was of poor quality, and was sometimes not fully baked. The other patient staying in the ward added that he did not like the WFP meal either. “It makes my stomach hurt. For me it is much better to eat tea and bread...if the food was good, we would eat it with pleasure.” This patient said that he could not afford to purchase additional food in town and his family lived too far away to bring him food. This patient lamented that since arriving at the TB center two months prior, he had actually lost weight despite the fact that his TB symptoms had seemed to be improving. As addressed in greater detail later on, such accounts provide impetus for WFP to advocate in Tajikistan for the transition from a facility-based to a community-based model of care, in which TB patients could participate in the full course of DOTS while maintaining residence in their own homes.

The cook told us that patients had frequently complained that the WFP hot meal had given them stomach problems. She highlighted the issue of “hot-” versus “cold-natured” foods and said that only hot-natured foods are appropriate for TB patients because cold-natured foods cause coughing and other problems. According to the cook, cold-natured foods include peas, cabbage, beans, and macaroni. Lentils, on the other hand, are considered hot-natured. She noted that WFP had not provided the center with lentils since November 2008. We asked the cook if TB patients believed in the concept of hot- and cold-natured foods and their impact on the status of their disease; she replied affirmatively. In an attempt to change the nature of the peas provided by WFP, so that the patients would accept them, the cook said that she had often fried them in oil before putting them in the soup.

The above findings suggest the need for further research into beliefs surrounding appropriate food for TB patients. Further, these findings highlight the importance of including stakeholders (particularly patients themselves) in the design of appropriate incentives to improve treatment seeking and adherence among TB patients. As stated by Beith et al. (2009 pg. 245), “stakeholder involvement is critical in the design process. Evidence suggests that consulting with patients to better understand the obstacles they face in being diagnosed and completing treatment, and with providers to better understand what is impeding them from performing optimally, may contribute to better design and increased buy-in among stakeholders.” Further, studies have shown that if those for whom an incentive scheme is designed are not clearly informed of the purpose and requirements of the incentive, they are unlikely to respond in the manner desired by program implementers.90

In response to our question, “How could more patients be attracted to the center?” the director said that, “providing food three to four times a day would increase the number of patients at the

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90 Beith et al. 2009.
The deputy director added that TB patients needed more diverse foods including both meat and dairy products in order to mitigate the effects of the TB medications. The cook recommended that the amount of oil be increased from 15g to 40g per patient per day and the amount of pulses, preferably lentils, should be doubled from 40g to 80g per day. The cook also recommended diversifying the ration with food items including rice and noodles.

**Take-home ration**

The TB center director informed the research team that, in his opinion, patients greatly appreciated the take home ration, and that it served as a strong incentive for patients to adhere to treatment. However, just before the research team arrived in Tajikistan, due to resource constraints, WFP had decided to reduce the take-home ration for TB patients from a five-person (patient and four family members) to a three-person (patient and two family members) ration. Although it was too early to know for certain, the deputy director believed that this reduction would lead to negative consequences for patients and their families. He predicted that without the income savings on food provided by a larger ration, families would have less money to cover costs associated with treatment of TB (i.e. pathogenetic medicines and diagnostic tests). The deputy director believed that this reduction would become a potential disincentive for seeking and/or continuing treatment. Current patients with whom we spoke expressed their disappointment with the reduction.

In light of growing concerns regarding the development of MDR-TB, it is important for WFP to recognize patients’ perceptions of and responses to the food incentive and how programmatic changes, such as the reduction of the take-home ration, may influence continued treatment adherence. If the food incentive is what has motivated a patient to seek care, it stands to reason that reducing the food incentive would negatively influence that patient’s decision to continue treatment. More research into this area is warranted.

When we asked the deputy director for his opinion of how the WFP program might be improved, he suggested the inclusion in the take home ration of hygienic materials, such as soap and disinfectant powder for dishes. The research team feels that WFP should explore this possibility. Proper hygiene is critical for controlling TB -- not only in terms of supporting improved health among TB patients, but also for preventing further transmission of the disease to family members and other close contacts.

Medical workers at the TB center told the research team that the FFH-TB program could be improved by including the center’s staff among the take-home ration beneficiaries. One worker commented that these rations would increase worker motivation. The deputy director echoed this sentiment saying, “It [take-home rations] would motivate them and they need this motivation.” The deputy director referred to the difficulty in attracting medical personnel for the

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91 WFP provides food to TB centers in addition to food provided by the Ministry of Health. There are hospitals elsewhere in the country that do provide TB patients with 4 meals per day.

92 Post-Reduction Ration: Wheat flour (72kg), Vegetable oil (2.7kg), Pulses (7.2kg), Iodized salt (900g). Pre-Reduction ration: Wheat flour (120kg), Vegetable oil (4.5kg), Pulses (12kg), Iodized salt (1.5kg).
TB center for reasons including low salaries. He commented that even the additional 15 percent salaries that TB center workers earn over other hospital workers is not enough to make up for the large responsibility and perceived health risks involved in monitoring and treating TB patients. He added that additional incentives would therefore be beneficial for attracting and retaining health workers. Although the research team believes that providing additional incentives to health workers is likely warranted, we feel that it is ultimately the responsibility of the Ministry of Health, not WFP, to motivate doctors and other health workers with adequate pay and benefits.

PART III: Key Challenges to the effective implementation of FFH-TB

Barriers to case detection

TB control is based on rapid diagnosis and effective treatment of cases; the evaluation of close contacts of active pulmonary TB cases has been established as a cost-effective method for detecting as well as preventing TB. The center director told us that he kept a registry book with the names of the family members of each patient diagnosed with active TB. When he has met family members of patients, he has encouraged them to receive chest x-rays to check for TB infection. When asked if family members had generally complied with his request, the director said that sometimes they had, but often they had been unwilling to pay for the test. He also added that many family members had never come to the center, and it had therefore been difficult to access them.

The research team asked the director and deputy director of the TB center to provide their estimates as to the number of undiagnosed cases of TB that existed in the surrounding villages. In response, the director would not give specific numerical estimates. He speculated that many cases of latent TB existed, but since they had not had access to Tuberculin (the antibody for the skin test) for 15 years, it had not been possible to diagnose such cases. The director added that if it would be possible to give an X-ray to everyone in each village, they would likely uncover

many undiagnosed and untreated cases of active TB. The deputy director estimated that the number of undiagnosed cases of active TB in the surrounding villages was probably close to 365—five times the total number of patients actually treated for TB at the center over the previous year (73).

The deputy director speculated that the principal reasons for why villagers had not sought diagnosis if they had suspected TB infection, and thus the reasons for why so many cases had remained undiagnosed, included the fear of the cost of treatment and the damage that TB medication could have on other organs. The center director also highlighted social stigma as a main barrier to care-seeking. He said that stigma related to TB is common and particularly severe for young women and girls: “a TB diagnosis would ruin their chances of marriage,” so family members will not bring a girl suspected to have TB to the doctor to be tested. According to the director, when young girls are diagnosed with TB, it is often the case that they have come to the hospital for a different illness, and through examination and diagnostic tests, TB is uncovered.

According to the WHO’s Regional Office for Europe, gender shapes people’s coping capacities and the social consequences of TB. Globally, families of women with TB experience severe negative social consequences; women are especially exposed to TB-related stigma and resource constraints, which create gender-based inequities in access to care and treatment. 94 When we asked the director what he thought could be done to overcome the stigma surrounding TB, and improve case-detection, he said that the staff from the TB center should go to the villages once a month to do TB education and other anti-stigma ‘education’. The deputy director agreed, adding that village-level health-workers should also work with the village populations to increase awareness about the importance of good health and the benefits of the FFH-TB program. It was unclear to the research team whether the Tajik Ministry of Health currently supports such activities. The deputy director added that “the source of the TB problem is in the village” and to improve case detection, he recommended that the Global Fund provide community health-workers with financial incentives (such as those provided to health workers at TB centers) to encourage the referral of suspected cases to TB centers.

More research is needed in order to identify the most common barriers preventing rural Tajiks from seeking TB diagnostic tests. Drawing on this research, WFP is encouraged to reevaluate whether providing food rations to TB patients is the most effective way to promote care-seeking behavior or whether leveraging their resources through different incentive scheme would be more effective. For example, if stigma is confirmed as a significant barrier, WFP may uncover that food resources could be more effectively utilized as incentives for community health educators to lead education campaigns and anti-stigma campaigns that would encourage treatment-seeking behavior at the village level.

**Barriers to treatment adherence**

The TB center director mentioned that it was not uncommon for patients to discontinue treatment regimens before completion. Conversations with the deputy director and current and former

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patients corroborated this statement. According to the director, when an individual tests positive for active TB (through a sputum smear), he/she is admitted into the TB center to complete intensive inpatient treatment, which generally lasts two months or until the patient has a negative sputum smear. Following inpatient treatment, patients are discharged to continue treatment on an ambulatory basis at their homes under the supervision of a community health worker, or in some cases, the director himself. The high cost of treatment, stigma, and lack of transportation were among the reasons most commonly cited by the director, deputy director, and patients alike for why an individual may default from treatment.

_Hidden Costs_

Tuberculosis and poverty are highly correlated. In fact, according to the Lancet, TB is the archetypal disease of poverty as the poorest are the most likely to develop the disease (due to their living conditions), they are least likely to be afforded access to treatment, and they face catastrophic health expenditure because of high costs associated with diagnosis, care and treatment. The deputy director told us, “those most vulnerable to TB are from poor households.” Costs related to treatment, food and transportation were commonly mentioned by center staff and patients alike as reasons for why patients default.

The center director and deputy director both acknowledged the “hidden costs” of TB treatment as significant disincentives to treatment adherence. The director told us that while the sputum analysis required for TB diagnosis and the actual TB drugs are free, the cost of other diagnostic tests such as x-rays (8 somoni each), urine and blood analysis (3 somoni each), and other therapeutic drugs are the responsibility of the individual patient. The patients we spoke with corroborated this report. One patient told us, “People without resources do not come here.”

Another patient mentioned that the TB drugs had caused his liver to become enlarged, and he had not been able to afford the 28 somoni for the medicine he had been prescribed. He mentioned that he was lucky, however, because since he was friendly with the pharmacist, he was given the medication on credit. According to this patient, few patients are able to work such arrangements. The director mentioned that for some patients, the cost of therapeutic medicines needed to counterbalance the negative effects of the TB medication is as high as $200 USD a month. He added that this cost is prohibitive for most, and as a result, some patients decide to discontinue treatment because the side effects of the TB medication become too much to endure.

The research team visited the home of a man who reported that he had previously received treatment for TB at the center in Garm. Although ambulatory, the man appeared weak and coughed incessantly through our conversation. His wife commented that he had lost a significant amount of weight over the previous months. The man reported that roughly one year prior he had been diagnosed with TB at the center in Garm; he had been admitted for inpatient care and stayed for two months. After the man was discharged, he returned to his community and continued to take TB drugs for an additional month and a half. The man reported that he had been told to continue taking the TB drugs after this time period but that he could not afford to do so; the couple maintained that TB drugs had not been free at the time, and when asked if they thought the TB drugs were currently free-of-charge, they responded, ‘no’.

Both the man and his wife recognized that the man’s current condition was not good and that he needed to seek treatment. Yet, they expressed great reluctance to go to the clinic for two main reasons. First, the couple was concerned about the direct financial costs they would have to incur if the man were to seek treatment again; according to the wife, they had spent between 300 to 400 somoni to care for the man during his previous course of treatment. Secondly, the wife was particularly concerned about the burden she and her children would face if her husband was once again admitted to the center and absent from the household for multiple months. Although the woman recognized that her husband’s ability to provide for his family had been severely compromised by his sickness, she nonetheless maintained that it was better for her family’s livelihood and well-being that he remain in the house and not go to the center. The wife repeatedly mentioned her desire for her husband to be treated at home. The couple was unaware of the WFP food incentive program. Further, the wife said that neither she nor her children had been tested for TB.

The above account raises some critical issues that warrant further investigation. First, is the importance of ensuring that accurate information regarding the incentive program, as well as the DOTS program as a whole, reaches communities. The couple did not believe that the TB medications had become free-of-charge, and they had not heard of WFP’s program. It is possible that other households in this community and elsewhere are equally misinformed, a possibility which has great implications for the effectiveness of WFP’s incentive program. There is a need for further investigation into the extent to which information regarding the incentive program is reaching the household level. If WFP finds that this is not an isolated case, it will be important for them to strengthen communication between staff and stakeholders to promote an optimal response to the incentive.

A second salient issue that emerged from the above account relates to the opportunity cost incurred by family members when patients are required to receive treatment on an in-patient basis. As mentioned previously, other patients also commented that undergoing inpatient treatment was undesirable for the patient himself, especially if he did not have the resources to supplement the food provided or if his family was unable to visit due to distance and/or resource constraints. If further research suggests that having to receive inpatient treatment is commonly
perceived to be a barrier to patient diagnosis and treatment, WFP is encouraged to leverage its assets, such as community presence and partnerships, in advocating for a transition from a facility-based to community-based model of DOTS administration. Studies have shown that inpatient treatment is not necessary for successful treatment outcomes; in fact, globally, DOTS is largely and successfully conducted on an ambulatory basis.\textsuperscript{96}

The situation in which ‘hidden costs’ of treatment lead to patient default is not unique either to the TB center in Gharm or to Tajikistan. Globally, as previously mentioned, tuberculosis is a disease of poverty, disproportionately affecting the most disadvantaged and marginalized. Studies from around the globe have revealed that although most public services provide tests and TB drugs free of charge, other direct and opportunity costs pose significant barriers to accessing TB services and adhering to treatment.\textsuperscript{97} Given that patients in Tajikistan face many significant obstacles to treatment adherence, and considering that that it is unlikely that such obstacles could be effectively overcome through the provision of daily hot meal or take-home ration, WFP is encouraged to re-consider the appropriateness of using their resources as incentives to encourage treatment seeking and adherence.

\textit{Lack of electricity}

The Center Director informed the research team that during Soviet times, the TB Center was located 50 kilometers away, but was subsequently moved in order to access the ‘clean line’ of electricity. The ‘clean line’ of electricity for government buildings is generally considered to be more dependable than the civilian electricity line. However, during the interview with the cook, she mentioned that from January 16 to March 8 or 9, 2009, the hospital had lost its continuous supply of electricity. Since the stove she had used to prepare food was electric, food preparation had been compromised. The cook explained that at times the hot meal could not be prepared, while at other times the food would end up half-cooked because electricity would go out in the middle of preparation. In an attempt to work around the electricity problem, the cook said that she and the other cook had built a stove of stones outdoors on which they would prepare the hot meal. Current patients corroborated this account. However, the cook added that when it was raining or snowing, preparing the meal outdoors was not possible.

Respondents gave conflicting answers when asked to estimate the total number of consecutive days during which no hot meal had been provided at the center. While the cook said five days, a patient, on the other hand, said the longest gap in food provision had lasted three months. Another patient, who had finished his inpatient treatment at the center ten days prior, and who we visited in his home, said that no food had been provided from January 15 to March 2. This timeframe roughly coincides with the dates that the cook provided for no electricity at the center.

The unpredictable nature of the electricity supply has implications for the effectiveness of WFP’s food incentive program. Depending on how important each patient views the provision of the hot meal to be to his/her treatment adherence, a gap in the provision of food has the potential to

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96 Beith et al (2009)  
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increase default rates. It may be particularly hard for those patients who cannot afford additional food, and whose families live far, to continue treatment without the WFP-provided meal.

Due to the limitations of our study, we were unable to determine with certainty whether the electricity problems contributed to decreased treatment-seeking and increased default rates. Nonetheless, in their analysis of the Project Hope project, Mohr et al (2005 pg. 16) found evidence suggesting the importance to treatment outcomes of maintaining an uninterrupted supply of the food incentive:

“There were times during the data-gathering period when food support was not available, both during start-up and at other times due to logistical problems with supply and distribution. It was noted during these periods that default rates were 1.9 times higher than during periods when food support was available (3.3% of patients versus 1.7%). As a whole, 60 percent of all 33 defaults from the DOTS program occurred during the time when food was not available to provide the supplements/incentives.”

When we asked the cook about how the FFH-TB program could be improved, she asked that she be provided with a gas stove to prepare food for patients. The cook said that she had repeatedly requested a gas stove from the TB center director and the deputy director, but was told that, “once we have the possibility, we will provide it to you.” When she asked the accountant, she was told that there was no available money to buy a stove.

In light of the findings presented above, WFP is encouraged to assess how they could work to ensure the constant, uninterrupted supply of daily meals to patients at those TB centers at which electric supplies are unreliable or at which other factors may compromise cooking capacity. According to WFP staff, the capability to prepare food is one of WFP’s criteria for a center to participate in the program; it follows that a center located in an area where electricity is unreliable should be required to have a stove that would function without an electric supply. WFP is encouraged to make the continuation of food provision to the Gharm center contingent upon the hospital’s procurement of a non-electric stove. WFP is also encouraged to conduct research into the possibility of providing TB patients with nutrient-dense Ready-to-Use Therapeutic Foods (RUTFs) in the place of hot meals. If research finds RUTFs to be both socially acceptable and cost-effective, they are also encouraged to explore the possibility of providing RUTFs to all centers, regardless of the centers’ cooking capacity, as a supplement to the hot meal. This action would add to patients’ daily caloric intake thus increasing their nutritional status while requiring little in extra effort from center staff.

Conditions in the TB Ward

Our observations confirmed patient accounts of the inhospitable conditions at the TB center. Patients complained of poor-quality mattresses and old linens. Patients said that to have their linens washed, they were required to pay two somoni. The mother of a formerly admitted patient commented that the sheets were shabby and unusable; she had therefore decided to bring sheets

from home for her son. Patients also remarked that they had not been provided with fuel, and as a result, their bedrooms were often unbearably cold and they were unable to prepare tea. The deputy director confirmed that the bedrooms in the center are not heated in the wintertime. The mother of the formerly admitted patient had brought an electric stove from home, but took the stove home when her son was discharged. In addition, patients complained of the lack of bathing facilities at the TB center, and said they had not had a proper bath since their arrival. One of the patients said he had once tried to bathe, but since heated water unavailable, he had became very cold and had come down with the flu.

From our conversations with patients and staff, it appeared that patients whose families lived close by were at a great advantage because their family members could more easily supply them with linens, tea, heating materials and other supplies to make their living conditions, and thus their inpatient stay, more bearable. Both of the patients who were staying at the center at the time of our visit commented that long distances to their villages, poor roads, and winter weather had thus far precluded their family members from visiting them and bringing supplies. These patients expressed deep gratitude to the mother of the patient who had just been discharged; they said she would always share with them the materials and food she had brought for her son. When asked for suggestions for the improvement of the FFH-TB program, the deputy director suggested that WFP provide warm clothes for patients residing at the center. If the treatment of patients on an inpatient basis continues, WFP is encouraged to explore partnerships with other organizations working in Tajikistan that may be able to supply clothes and other necessities to patients in need.

PART IV: Important Considerations

The 2006 “Full Report of the Evaluation of the WFP Tajikistan PRRO 10231.0 describes the FFH-TB program to be effective, sustainable, and successful-- assertions which are based on results from the Project Hope case study completed in 2004. The report states: “the effectiveness of food aid in supporting TB treatment is proved: treatment completion is 94 percent with food as opposed to 54 percent without food” and that “the default rate is only 1 percent.” This statement is misleading. It is important to recognize that the Project HOPE study examined the benefit of food incentives not in isolation, but rather within the context of a larger program that included a range of activities to support case-detection and adherence. As stated by Mohr et al (2005) “the overall effectiveness of a TB control program, with or without incentives, depends on the incorporation of the full range of DOTS activities.” These components include training.

detailed case descriptions, efficient laboratory support, and multiple levels of monitoring and support for the program (Refer to Appendix 4: Recommended DOTS Program Components for the complete list). To date, and to our knowledge, no studies have been conducted to determine the effectiveness of food as an incentive in the absence of these other components.

In the opinion of the research team, it cannot be assumed that the TB center at Gharm or other centers would produce results similar or equivalent to those found at the two pilot sites involved in Project Hope study. Unlike the pilot sites in the Project Hope study, it appeared to the research team that “a full range of DOTS activities” was not being implemented in Gharm. Our observations were supported by the fact that the Global Fund had recently stopped providing financial incentives to the health workers because they had not met certain criteria. Furthermore, the research team found the Gharm TB center to be characterized by inhospitable conditions and patients complained about the high ‘hidden costs’ of treatment.

Our research suggests that the food incentives provided by WFP may not be enough to outweigh the barriers faced by Tajik TB patients. We believe that an in-depth evaluation of WFP’s FFH-TB program is warranted. It is critical for reasons of cost-effectiveness, but more importantly in light of concerns over the development and spread of MDR-TB, that WFP understands how providing food incentives affects program outcomes in the absence of a full package of DOTS activities, when other hidden costs are significant, and in a center where living conditions are grim.

Although this study was admittedly limited in its scope, it was nonetheless valuable for raising important questions regarding WFP’s role in the control of TB in Tajikistan. The team believes that these questions, which are listed below, should drive future research to inform programmatic design.

1) Should WFP provide food incentives if other critical program components are absent?

2) Is information about the food incentive program, and the DOTS program overall, reaching the household level? If not, how can communication be strengthened?

3) Are the WFP food incentives addressing the true barriers to treatment seeking and adherence? If not, how can WFP leverage its resources to improve outcomes?

4) How can WFP work within budget restrictions to support an improved nutritional status among patients?

5) Would transitioning to a fully-ambulatory, community-based DOTS treatment model positively influence individuals’ decisions to seek diagnosis and adhere to treatment? If so, how can WFP leverage its influence to promote this programmatic shift at the national level?
RECOMMENDATIONS

Tuberculosis poses a large and growing threat to the health and welfare of Tajikistan’s population. Controlling this threat, and preventing the emergence and spread of resistant strains of TB requires strict, evidence-based, coordinated action among collaborating institutions and organizations. WFP’s intentions are good – using food to positively influence patient behavior. However, it is important that WFP acknowledge two critical points. First, a ration of food offered to a TB patient is not an incentive unless the patient perceives it to be one. Second, due to the nature of the disease, the potential consequences involved with not fully understanding stakeholder opinions and perceptions of FFH-TB are severe; they are much more severe than the consequences that could potentially arise from misperceiving the opinion of stakeholders of other WFP programs.

It is critical that WFP re-evaluate its role in national TB control efforts and determine if their resources wouldn’t be better utilized through a different incentive scheme to target TB control or through a different program all-together. Two sets of recommendations follow. The first set assumes that WFP will continue to implement FFH-TB. However, if WFP is unable to increase funding for FFH-TB, or alternatively, reduce the number of centers they currently support, they are encouraged to consider the second set of recommendations.

I. Continue providing food incentives for TB patients, but:

1) Advocate for a transition from facility-based to entirely community-based DOTS – to help overcome perceived barriers to treatment seeking and adherence associated with inpatient treatment, such as time away from family members, distance, inability to access a sufficient amount of food, and other opportunity costs;

2) Seek increased input from stakeholders in the modification of incentive schemes – ensure the incentive scheme is properly targeted to needs and perceptions of stakeholders.

3) Require non-electric cooking capabilities – if inpatient treatment continues, require that centers located in areas with intermittent and unreliable electrical supplies procure a non-electric stove to ensure constant and uninterrupted cooking capabilities;

4) Increase the quantity of food – if in-patient treatment continues, increase the inpatient ration to provide 4 meals per day to address the recommendations and requests of doctors and patients, to improve the incentive to attract patients to the hospital, and to increase the possibility of successful completion of treatment; increase the quantity of the take-home ration to previous levels;

5) Diversify rations – if inpatient treatment continues, include vegetables, dairy products and meat in the ration in order to address TB patients’ needs for high quality foods; consider including RUTFs in the in-patient ration.

6) Provide culturally appropriate food and preparation instructions – consider the issue of ‘hot’ versus ‘cold’-natured foods—conduct further research to assess the extent to which TB patients and TB center staff believe that one is better than the other for TB patients;
consider altering the ration composition accordingly. At a minimum, adequate training for cooks on how to prepare WFP foods in a culturally acceptable manner would help to address the patients’ dislike of “cold” foods.

7) *Seek partnerships to address non-food needs of TB patients* -- approach the Ministry of Health and other organizations and advocate for more financial support for pathogenetic medications for TB patients; explore means of providing patients with warm clothing and hygienic supplies.

II. Re-target Incentive Scheme

If WFP is unable to increase and diversify rations, and if the MoH is unwilling to work with WFP to overcome additional barriers to treatment seeking and adherence (ie. provision of stoves, provision of therapeutic medicines, etc.), WFP is strongly encouraged to consider the following:

3) *Discontinue the FFH-TB Program as it currently stands* -- in order to avoid the development of multi-drug resistant TB;

4) *Seek partnerships for social marketing and education at the village level* – explore potential partnerships with the MoH, WHO or NGOs to train community members as volunteer health educators; direct food incentives to these volunteers instead of directly to patients in order to increase community knowledge of TB prevention, diagnosis and treatment and to help overcome TB-associated stigma.
CONCLUSION

In Tajikistan, the WFP’s operations decrease vulnerability by improving household food security, promoting investment in human capital and rehabilitating assets. For thousands of vulnerable Tajiks, WFP’s programs provide both a safety net and a source of livelihood promotion; beneficiaries receive vital assistance in a country where natural, economic and social shocks are frequent and prolonged.

This research sought to elicit the community ‘voice’ and in so doing, help WFP Tajikistan understand how their Food for Education, Food for Work, Vulnerable Group Feeding and Food for Health (TB) programs are locally perceived, and how such programs could potentially be adapted to more effectively meet the needs and concerns of their beneficiaries. Throughout this study, beneficiaries and local leaders alike consistently and earnestly expressed their deep gratitude for WFP programs. Positive community perceptions and feedback were strong indicators of both the relevance and importance of WFP’s work to Tajikistan’s rural poor. At the same time, respondents were able to offer valuable insights to help inform recommendations for the achievement of greater programmatic success, including increased community involvement, livelihood protection, and sustainability.

Through the analysis of data gathered during focus group meetings, one-on-one interviews and observations, a number of themes emerged across each of the programs studied. These themes, which are listed below, helped to inform the recommendations provided in this report.

- **Addressing communication gaps**: Many of the beneficiaries of WFP programs encountered in this study live in remote villages, where geography and inadequate infrastructure inhibit access to information. The research identified multiple information gaps with regards to awareness of program processes among food aid recipients, village leaders, and other program stakeholders. Improving communication between WFP program beneficiaries and other local stakeholders will serve to address these problems.

- **Strengthening program processes and implementation**: To improve program outcomes, a number of mechanisms regarding delivery of aid, monitoring of processes, and amount and composition of food aid were identified as important considerations to be in taken in account when crafting the upcoming PRRO.

- **Fostering Local Ownership and Sustainability of Program Assets through Strengthened Partnership with the Community**: Communities are more likely to benefit, and results of WFP programs are more likely to be sustained if local stakeholders are closely involved in the planning and implementation of both projects and incentive schemes.

The research team hopes that this report affords a more nuanced understanding of the ways in which WFP’s programming has affected the lives of rural Tajiks. We acknowledge that our study was limited in scope, and our findings may not be generalizable countrywide. Further, the research team acknowledges that our recommendations were formulated without a comprehensive understanding of WFP Tajikistan’s financial or operational constraints. Nonetheless, we believe that both the positive attributes of programs and problems identified by
beneficiaries, while particular to the contexts in which we encountered them, may also be relevant elsewhere in the country. We hope this report will be beneficial to WFP Tajikistan in developing its upcoming PRRO and informing and improving future operations in the country.
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APPENDICES

Appendix 1: Program Descriptions

Food for Education (FFE)

WFP operates two distinct FFE programs: in-school feeding for primary school children and the provision of take home rations for girls in secondary school.

In-School feeding

Direct beneficiaries of WFP’s in-school feeding program include children in grades one through four and teachers of these grades. Beneficiaries receive a ration of food each day in the form of a hot meal. Each ration is comprised of: 150g wheat flour, 15g oil, 30g pulses, and 3g salt. To promote community buy-in and promote its sustainability, WFP strongly encourages the parent-teacher-associations (PTAs) of beneficiary schools to mobilize community members in the routine provision of materials (including additional food stuffs: vegetables, dairy products, etc. and cooking materials) to supplement those provided by WFP.

The principal objectives of the FFE in-school feeding program are three-fold:

1) Encourage parents to enroll their children in primary school and promote their consistent attendance;

2) Provide for children’s nutritional needs and improve their ability to concentrate and learn; this in turn improves educational outcomes, thereby building human capital and reducing the intergenerational transmission of poverty and vulnerability; and

3) Provide a degree of ‘social protection’ for recipient households by allowing them to save money that would otherwise be spent on feeding children a mid-day meal. Money saved can be spent on other essential needs, including nutritious food, medicines, and housing materials, that reduce vulnerability and hardship for the entire family. Generally, the largest benefits accrue to those families with many children of primary-school age.

In order to participate in the FFE in-school feeding program, schools must demonstrate that they meet certain requirements, including the presence of a PTA and the capacity to store and prepare WFP-provided food.

Take Home Ration (THR)

Through WFP’s THR program, the families of girls in grades five through eleven are provided with a bi-monthly ration of food contingent upon the girls’ consistent school attendance. Each ration is comprised of: 50kg wheat flour, 1.0 liter oil, 2.5-3.0 kg pulses, and 500g salt.
The principal objectives of the THR program are three-fold:

1) To reduce a growing gender gap in education, while augmenting the status of female children within a family;

2) Offer social protection to vulnerable families. Families are able to save money on food, thus allowing income to be transferred to other needs, which in turn can reduce vulnerability and the intergenerational transfer of poverty; and

3) Build human capital by increasing the likelihood that female children will complete secondary school and pursue tertiary education and/or become gainfully employed.

Food for Work (FFW)

WFP’s Food-for-Work program provides able-bodied men and women food in exchange for work on the creation and/or rehabilitation of vital infrastructure projects.

The principal objectives of the FFW program are three-fold:

1) Temporarily address food insecurity;

2) Free up labor (through the provision of food) to make it possible for the poor and hungry to devote time and energy to projects designed to support the long-term food security of households and entire communities; and

3) Help participants learn new skills that could help them maintain the asset created, create additional community/household assets without technical assistance, and/or secure gainful employment.

Thus-far in Tajikistan, FFW projects have included the rehabilitation of irrigation canals, the construction of bridges, the piped distribution of drinking water to households, the reinforcement of river banks, and the reconstruction of houses destroyed in earthquakes. Projects are generally designed to involve between 15-25 community workers and reach full completion within three months. The food ration provided to FFW participants consists of 2 kg of wheat flour, 75g oil, 200g pulses, and 25g salt for each day of work. In standard FFW projects, participants are given food rations at the completion of the project. However, in cases in which projects continue for longer than three months, the ration may be distributed in installments.

To be eligible for an FFW project, WFP requires that community members not only demonstrate initiative in the conceptualization of project plans, but that they also contribute a portion of the construction materials or financial resources needed to build the asset. WFP partners with other organizations and institutions, such as Habitat for Humanity, to provide technical expertise, skills training, and material resources.
Vulnerable Group Feeding (VGF)

The principal objective of WFP’s VGF program is to protect the livelihoods of chronically food insecure households in marginalized areas of Tajikistan during lean periods. Unlike FFE or FFW, receipt of VGF is not contingent upon participation in activities (ie. FFW) or upon the fulfillment of specific requirements (ie. FFE-THR). WFP relies on food security monitoring throughout Tajikistan to determine potential regions and districts to be targeted for VGF assistance. Roughly two months prior to each VGF distribution, WFP sub-office staff collaborates with district and local level authorities to identify those districts and communities in greatest need of assistance.

Within the targeted communities, WFP uses a set of vulnerability criteria derived from the Emergency Food Security Assessment (EFSA) (most recently conducted in 2008) to target beneficiary households. The criteria are ranked by priority (from A to D) and currently stand as follows:iv

A. Household’s income per month per family member is less than 89 Somoni/month
B. Household owns less than 0.20 hectares of land
C. Household owns less than 2 cows, less than 3 sheep/goats and less than 6 poultry
D. Households do not own any operational assets

WFP instructs local officials in targeted communities use these criteria to draft lists of eligible households. The lists are subsequently submitted to Jamoat officials who verify and clean them for submission to WFP.

The food ration designed to provide each VGF-beneficiary household with a total of 1,667 kcal per person per day for a total of three months:

<table>
<thead>
<tr>
<th># People in Household</th>
<th>Wheat Flour (fortified) (kg)</th>
<th>Veg. Oil (kg)</th>
<th>Pulses (kg)</th>
<th>Iodized Salt (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>50</td>
<td>1.84</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>4 or more</td>
<td>100</td>
<td>3.68</td>
<td>1.5</td>
<td>1.5</td>
</tr>
</tbody>
</table>
**Food for Health – TB**

WFP’s FFH-TB program, includes the provision of one hot meal per day to TB patients during their intensive, in-hospital treatment phase (generally 2 to 3 months), in addition to a bi-monthly distribution of food rations to patients’ families.

The principal objectives of the FFH-TB program are three-fold:

1) Enhance treatment seeking and adherence of patients and providers to the DOTS program, thereby improving the cure rate of TB patients;

2) Help TB patients in food insecure households meet their nutritional needs during the treatment period and thus support the capacity of the body to fight the infection and return to a healthy state; and

3) Encourage attendance at health care centers thereby contributing to an increase in newly detected cases and the number of patients successfully completing treatment.

The WFP in-patient ration consists of 150 g wheat flour, 15g oil, 40g peas and 3g salt per person per day. After a patient has successfully completed two weeks of in-patient therapy, the first of three take-home rations is distributed to the patient’s family. In March 2009, due to budgetary constraints, WFP decreased the take-home ration from a five- to three-person ration. According to WFP Tajikistan, the ration currently includes: 72kg wheat flour, 2.7 liters oil, 7.2kg pulses, and 900g salt.

In order to participate in the FFH program, WFP Tajikistan requires that TB centers meet the following criteria: food preparation capacity, cooperation with WFP staff, and the presence of a doctor or staff person who agrees to be responsible for receiving, maintaining, and distributing food to patients and their families. Furthermore, WFP expects that the food they provide will be supplemented with additional food purchased by hospital funds. WFP’s implementation of FFH-TB involves active collaboration with various partners including the Tajik Ministry of Health, The Global Fund to Fight TB, AIDS and Malaria, Project HOPE, the Red Cross, and Project Sino.
## Appendix 2: Country Profile - Highlights

### Socio-Demographic

<table>
<thead>
<tr>
<th>Population (total)</th>
<th>7.3 million&lt;sup&gt;vii&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Rate</td>
<td>26.9 births /1000&lt;sup&gt;viii&lt;/sup&gt;</td>
</tr>
<tr>
<td>Urban Population</td>
<td>26%&lt;sup(ix&lt;/sup&gt;</td>
</tr>
<tr>
<td>Fertility Rate</td>
<td>2.99 children born/ woman&lt;sup&gt;x&lt;/sup&gt;</td>
</tr>
<tr>
<td>Human Development</td>
<td>Ranked 122 out of 177 on the human development index, down from a ranking of 103 in 2001 and 112 in 2002.&lt;sup&gt;xi&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

### Socio-Economic

<table>
<thead>
<tr>
<th>Growth</th>
<th>The economy is growing at 4.5% (down from a peak of 10.5% in 2004); GDP per capita is US$1600 (2007 estimate)&lt;sup&gt;xii&lt;/sup&gt;; economy stands at 63% of 1990 level; International Monetary Fund (IMF) expects Tajikistan's economy to grow only 2% in 2009.&lt;sup&gt;xiii&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debt</td>
<td>Foreign debt totals US$ 1.3 billion, or roughly 29 percent of the country’s GDP; to avoid economic collapse, experts predict a heavy increase in borrowing.&lt;sup&gt;xiv&lt;/sup&gt;</td>
</tr>
<tr>
<td>Poverty</td>
<td>65% of the population lives below the national poverty line set at US$ 2.15 per day; 76% of poor are rural; severe income-poverty in rural areas due to limited income-earning opportunities and declining productivity of land; poor households spend up to 80% of income on food.&lt;sup&gt;xv&lt;/sup&gt;</td>
</tr>
<tr>
<td>Exports</td>
<td>Manual labor is the most important export, followed by agriculture, (primarily cotton) and aluminum; the worth of each of these three exports on the global market has suffered a marked decline over recent years.&lt;sup&gt;xvi&lt;/sup&gt;</td>
</tr>
<tr>
<td>Inequality</td>
<td>GINI coefficient increased from 0.47 in 1999 to 0.63 in 2003.&lt;sup&gt;xvii&lt;/sup&gt;</td>
</tr>
<tr>
<td>Unemployment</td>
<td>The official unemployment rate of 2.5%&lt;sup&gt;xviii&lt;/sup&gt; is considered a vast underestimate of the true rate which some believe is closer to 40%; economic growth over the past decade has not translated into increased employment opportunities for the majority; the young (under-24 years) and women suffer the highest unemployment rates.&lt;sup&gt;xix&lt;/sup&gt;</td>
</tr>
<tr>
<td>Migration</td>
<td>More than 1 million Tajiks—roughly 60 percent of the country’s entire workforce-- are employed in Russian cities and towns.&lt;sup&gt;xx&lt;/sup&gt;</td>
</tr>
<tr>
<td>Remittances</td>
<td>In 2008, Tajik migrants in Russia sent home over US$2.5 billion in remittances—almost half of the country’s entire GDP. Remittances as a proportion of GDP are the highest in the world.</td>
</tr>
<tr>
<td>Gender Gaps</td>
<td>Women’s average wages are 46% of those of men; (relates to gender gap in education as mentioned below); women face greater difficulty in accessing resources (e.g. land) and credit.</td>
</tr>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>% GDP</td>
<td>1.5% of GDP is spent on health, down from 6.4% in 1994.</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td>65.3 years, down from 70 years at pre-independence</td>
</tr>
<tr>
<td>Mortality</td>
<td>Infant mortality rate (89/1000) is the highest in Central Asia, child and maternal mortality rates are also high at 100/1,000 and 120/100,000 respectively.</td>
</tr>
<tr>
<td>Disease</td>
<td>High incidence of infectious disease, including Tuberculosis (227/100,000).</td>
</tr>
<tr>
<td>Food security</td>
<td>~2.2 million Tajiks are food insecure, 76% (~1.7 million) of whom live in rural areas</td>
</tr>
<tr>
<td>Nutrition</td>
<td>56% of population undernourished.</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>%GDP</td>
<td>3.5% of GDP is spent on education.</td>
</tr>
<tr>
<td>Age Disparity</td>
<td>One of the only countries worldwide in which younger generations, (aged 20-30) have lower education levels compared to older generations (over 40).</td>
</tr>
<tr>
<td>Gender Disparity</td>
<td>Increasing gender gap in secondary education; attributable in part to the unemployment and wage gaps (outlined above) that serve as a disincentive for the education of girls.</td>
</tr>
<tr>
<td>Schools</td>
<td>One-fifth of schools were destroyed in the civil war; the majority of those remaining are marked by poor learning conditions including: lack sanitary facilities, heat and textbooks.</td>
</tr>
<tr>
<td>Teachers</td>
<td>Low salaries encourage many to seek employment in other sectors and/or to emigrate.</td>
</tr>
</tbody>
</table>
Appendix 3: Defining Levels of Rural Food Security

Roughly 1.7 million (34%) of Tajikistan’s rural population is food insecure. According to the Rural Tajikistan Emergency Food Security Assessment conducted in April/May 2008, the characteristics of both food insecure and food secure rural households differ between zones due to diverse agro-ecological and socio-economic contexts. Nonetheless, some general defining features of each group can be described.

Severely food insecure: total ~ 600,000

Households officially categorized as severely food insecure (SFI), have diets low in diversity, comprised mainly of wheat or potatoes, oil and sugar. Many rarely consume vegetables, and among those who do, consumption is limited to no more than 3 days per week. Pulses and animal products are rarely consumed. This diet does not cover energy requirements, especially of individuals with specific needs, such as children, pregnant and lactating women. Furthermore, it lacks vitamins and minerals necessary to promote health and growth.

In terms of livelihoods, 30 percent of severely food insecure households rely on either self-employment or remittances for income, 20 percent depend on agricultural wage labor, 15 percent rely on pensions/allowances, and 10 percent on non-agricultural labor. In general, these households lack assets, including livestock, and depend heavily on external sources for their cash income (i.e. borrowing and purchasing on credit). In terms of household composition, the severely food insecure households include the elderly living alone, families with small number of income-earning members who do not benefit from remittances, and some female-headed households.

The majority of the severely food insecure are chronically food insecure in ‘normal’ times and have experienced a worsening of their situation as a result of the ‘compound crisis.’

Moderately food Insecure: total ~ 1.1 million

Compared to SFI households, moderately food insecure (MFI) households consume a slightly more varied diet. On average, MFI households consume vegetables up to five days a week, and pulses and dairy products up to once a week. While the quality of this diet is better than that of SFI households, it still largely fails to meet nutritional requirements, especially of the most vulnerable household members.

In terms of livelihoods, nearly 40 percent of MFI households obtain the majority of their income from remittances, less than 20 percent rely on self-employment, 14 percent on the sale of produce, namely wheat and potato, and 13 percent on agricultural wage-labor. Although difficult to confirm, remittances among the MFI households are likely to be both more regular and in higher amounts than for the SFI households.
Moderately food insecure households can be placed into two general categories. The first is comprised of those that are on the ‘brink’ of food insecurity in ‘normal times.’ Households in this category often face difficulties in securing a proper diet at all times during the year, and their situation has deteriorated recently as a result of the ‘compound crisis.’ The second category includes poor households who are moderately food insecure on a chronic basis.

**Food Secure**

Compared to both MFIs and SFIs, food secure rural households consume a higher quality diet consisting of vegetables almost six times a week, meat four times a week, and dairy products and pulses once a week. Like MFIs, roughly 40 percent of these households depend on remittances, although the frequency and level are higher among this group. Approximately 14 percent rely on government salaries, and 7 percent on the sale of livestock. Food secure households are able to maintain adequate food consumption throughout the year. Generally, they have more than one source of income and are also able to rely more on the support of relatives and friends. Furthermore, they own more livestock and productive assets than other groups.
Appendix 4: Essential Components of an Effective DOTS Program

1. Training, consisting of careful communication of the details of DOTS

2. Effective patient classification based on standardized forms that carefully distinguishes between new and previously treated patients

3. Clear definitions and diagnostic procedures to identify TB cases, emphasizing sputum microscopy rather than x-ray

4. High-quality and dependable laboratory results maintained by intensive quality control so that sputum positivity or negativity are valid and reliable facts

5. Actions to ensure that TB drugs are continuously available, preferably in highly standardized and consistent formulations such as fixed dose combinations (FDCs) that eliminate confusion among both providers and patients

6. Active monitoring of facility-level activities, with careful inspection of individual patient data sheets and forms, comparison between forms to ensure 100 percent consistency (e.g., laboratory vs clinical), detailed observation to ensure correct DOT performance, and in-depth review of laboratory procedures and individual slides, all of this using clearly defined checklists which require monitors to consider every function that is likely to go wrong.

7. Active support of facility and regional TB providers and managers so that problems identified through monitoring are discussed with the responsible staff and their solution actively supported by the monitor, to the extent of on-the-job training where needed to correct specific problems.

8. Regular (quarterly) cohort analysis looking at the full range of data to identify unusual or unexpected numbers, then using these data as clues to the problems that cause them. By focusing on such downstream results including sputum conversion rates, treatment completion and cure rates, defaulter rates, and transfer rates, programs can ensure that managers do not become complacent in the face of unsatisfactory performance.

9. Direct management actions based on cohort analysis, to identify the implementation problems leading to performance aberrations, and to solve those problems by whatever means necessary.

iii Ibid.
iv Ibid.
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