


PROJECT BUDGET REVISION FOR APPROVAL BY THE CHIEF OF STAFF

5) To:	Division	Room	Approval and Date
Mr. Jim Harvey Chief of Staff	OED	6G36	
4) Through:	Division	Room	Signature and Date
Ms. Elisabeth Rasmusson Assistant Executive Director	PG	6G72	
3) Through:	Division	Room	Signature and Date
Mr. Manoj Juneja Assistant Executive Director	RM	6G00	
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1) From:	Regional Bureau	Signature and Date	
Muhammad Hadi Regional Director	RBC		

**Tajikistan DEV 200173
Budget Revision No. 8 (BR08)**

Total revised number of beneficiaries	176,300
Duration of entire project	63 months
Extension. Period	3 month
Gender market code	1
WFP food tonnage	17,903

Start date: 01 January 2011, **End date:** 31 December 2015, **Extension period:** 3 month, **New end date:** 31 March 2016

Cost (United States dollars)

	Current Budget	Increase	Revised Budget
Food and Related Costs	USD 9,902,563	USD 250,210	USD 10,152,773
Cash and Vouchers and Related Costs	USD -	USD -	USD -
Capacity Development & Augmentation	USD -	USD -	USD -
DSC	USD 1,478,747	USD 137,800	USD 1,616,546
ISC	USD 796,692	USD 27,161	USD 823,852
Total cost to WFP	USD 12,178,001	USD 415,171	USD 12,593,172

CHANGES TO:

Food Tool

- MT
 Commodity Value
 External Transport
 LTSH
 ODOC

C&V Tool

- C&V Transfers
 C&V Related Costs

- CD&A
 DSC
 Project duration
 Other

Project Rates

- LTSH (\$/MT)
 ODOC (\$/MT)
 C&V Related (%)
 DSC (%)



NATURE OF THE INCREASE

1. BR08 seeks to extend the Tajikistan Development project (DEV) 200173 by three months from 01 January through 31 March 2016. The extension is to bridge the gap from the current project end date (31 December 2015) to the expected start date of a new Country Programme (CP) 2016-2020 (01 April 2016).
2. The extension will enable WFP to continue assisting 9,000 beneficiaries (4,400 boys/men and 4,600 girls/women) until the end of March 2016. The assistance is expected to further continue under the CP from 01 April 2016 onwards. Food basket/rations, activities and objectives envisaged in the original DEV 200173 remain unchanged during the extension period. The budget revision reflects WFP and partner commitments to align operational activities with the Government of Tajikistan's priorities, policies and strategies.
3. The overall budget increase is USD 415,171 bringing the project value to USD 12,593,172.

JUSTIFICATION FOR THE REVISION

Summary of existing project activities

4. WFP started the DEV 200173 in 2011 to assist 57,200 Tuberculosis (TB) patients and 114,600 of their family members in five years. WFP supported both TB patients and their households during the six months in which the patients would undergo the directly observed treatment - short course (DOTS). WFP's assistance to patients and their families fulfils two major objectives: 1) it serves as a powerful incentive to TB patients to complete their treatment and avoid the risk of developing drug-resistant strains of the disease and 2) the food assistance provides an effective safety net for patients' families during treatment.
5. This project is implemented in coordination with the National Tuberculosis Centre (NTBC) and Project HOPE through district TB centers across Tajikistan. NTBC and Project HOPE are responsible for storing, handling and distributing food in their areas. Distributions take place every two months. NTBC covers the costs of medical staff and provision of complementary food for in-patients in hospitals throughout the entire country.
6. This project contributes to the goals of the National Tuberculosis Programme and is in line with the National Health Strategy 2010–2020 and the Stop Tuberculosis Strategy of the World Health Organisation (WHO).

Conclusion and recommendation of the re-assessment

7. Tajikistan has the highest estimated number of incident TB cases (all forms) in the WHO European Region with 193 (range 159-230) per 100,000 population¹. Multi-drug resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) constitute one of the greatest challenges for TB control in Tajikistan. When patients interrupt their drug

¹ Extensive review of TB prevention, control and care in Tajikistan, WHO, 15-27 July 2013



regimen because they lose motivation or return to a host country for work purposes, they increase the likelihood of developing a drug-resistant strain of TB. .

8. TB is endemic in Tajikistan, threatening the food security and livelihoods of patients and their families. TB is widely recognized as a disease of poverty, and in Tajikistan, it is also linked to labour migration. Remittance income to poor households in Tajikistan from labour migration constitutes more than half of the gross domestic product.
9. WFP post distribution monitoring attests that TB patients are among the lowest income-earners in the country and live mainly in disaster-prone and food-insecure areas. Approximately 40 percent of the beneficiaries are in the Khatlon region, located in the southwestern region of Tajikistan, which represents the highest population density and some of the worst food security indicators and TB rates.
10. In July 2013, the Ministry of Health of Tajikistan (MoH) and WHO, together with NTBC, conducted an extensive review of TB prevention, control and care activities. This assessment shows that since 2009, Tajikistan has made significant progress in the implementation of the National Strategic Plan (2010-2015). However, the main challenges of the TB control programme remain the high dependency on international donors², limited diagnostic capacity, inadequate infrastructure and limited human resources. The main recommendations suggested by the WHO review are: to update the national strategic plan; and to develop a budgeted implementation plan for patient-centered approaches, including provision of social support to improve the adherence to TB treatment.
11. The WFP Headquarters and Regional Bureau-Cairo's review mission of TB support activities, conducted in April 2014, recommended extending the project until December 2015 and the inclusion of the safety net components into the new CP (2016-2020). The mission recommended that the CO should gradually reduce the in-patient beneficiary figures. The MoH continues to steadily increase funds to TB hospitals on an annual basis. As a result of this increase and part of the handover process, the institutional feeding has been fully implemented by the government since 2015. It is expected that the Government of Tajikistan will fully take over the implementation of the programme by the end of 2020.

Purpose of budget revision

12. BR08 proposes an extension in time and an increase in the overall number of project beneficiaries, along with additional volume of food commodities and associated costs for the implementation of the project until 31 March 2016.
13. WFP will continue its support to all registered TB patients and their family members. During the extension period, WFP will finalize together with NTBC the study already started in 2015 aiming to demonstrate the effectiveness of food assistance in relation to treatment adherence. WFP will also engage with NTBC to explore the possibility to include social economic indicators in the WHO software which will be used to inform future programming decisions.
14. The National TB Strategic Plan (NSP) 2016-2020 focuses on ensuring universal access to quality diagnosis and quality patient-centered treatment of all forms of TB including MDR/XDR. WFP, as a member of the technical working group, has been providing inputs

² The share of national budget contribution to TB prevention and control was less than 30 percent in 2012



World Food Programme

especially on continuously advocating for food support as part of the treatment and incentive to treatment adherence. WFP has identified some additional opportunities in the NSP for support on the implementation of the plan, such as capacity building in treatment of malnutrition in TB children, to be further explored during the course of this extension.

15. WFP's assistance under the project extension will contribute to the Strategic Objective 4 under WFP's Strategic Plan (2014-2017): Reduce undernutrition and break the intergenerational cycle of hunger.

1. TABLE 1: BENEFICIARIES BY ACTIVITY [OR COMPONENT]

Activity [or Component]	Category of beneficiaries	Current			During BR08			Revised planned highest throughout project period		
		Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total
Support TB patients and their family members	TB patients	36,608	20,592	57,200	1,600	1,400	3,000	37,408	21,292	58,700
	TB family members	57,422	57,178	114,600	2,800	3,200	6,000	58,822	58,778	117,600
TOTAL		94,030	77,770	171,800	4,400	4,600	9,000	96,230	80,070	176,300

16. No change is foreseen in modalities of food distribution to beneficiaries. Food distribution and partnership arrangements remain the same as under the current phase of the project.

TABLE 2: REVISED DAILY FOOD RATION/TRANSFER BY ACTIVITY [OR COMPONENT] (g/person/day)

	TB support
	Revised
Wheat Flour	400
Pulses	40
Vegetable Oil	15
Iodised Salt	5
Cash/voucher (USD/person/day)	0
TOTAL	460
Total kcal/day	1,669
% kcal from protein	13.1
% kcal from fat	11.6
Number of feeding days per year or per month (as applicable)	30 days

FOOD REQUIREMENTS

17. Food requirements are revised in order to reflect changes in the number of beneficiaries and the duration.

TABLE 3: FOOD/CASH AND VOUCHER REQUIREMENTS BY ACTIVITY [OR COMPONENT]				
Activity [or Component]	Commodity ³ / Cash & voucher	Food requirements (<i>mt</i>) Cash/Voucher (<i>USD</i>)		
		Current	Increase / Decrease	Revised total
TB patients		5,836	124	5,960
Family members (2)		11,694	249	11,943
TOTAL		17,530	373	17,903

³ Please only present overall food requirement. Do not split by commodity.


ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (USD)	USD)
<i>Food Transfers</i>			
Cereals	324	171,720	
Pulses	32	19,278	
Oil and fats	12	12,527	
Salt	4	656	
Total Food Transfers	373	204,181	
External Transport		574	
LTSH		43,273	
ODOC Food		2,183	
Food and Related Costs ⁴			250,210
C&V Transfers		-	
C&V Related costs		-	
Cash and Vouchers and Related Costs			-
Capacity Development & Augmentation			-
<i>Direct Operational Costs</i>			250,210
Direct support costs (see Annex I-B)			137,800
Total Direct Project Costs			388,010
Indirect support costs (7.0 percent) ⁵			27,161
TOTAL WFP COSTS			415,171

⁴ This is a notional food basket for budgeting and approval. The contents may vary.

⁵ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (USD)	
WFP Staff and Staff-Related	
Professional staff *	13,658
General service staff **	30,609
Danger pay and local allowances	-
Subtotal	44,268
Recurring and Other	57,993
Capital Equipment	9,180
Security	3,966
Travel and transportation	22,393
Assessments, Evaluations and Monitoring⁶	-
TOTAL DIRECT SUPPORT COSTS	137,800

* Costs to be included in this line are under the following cost elements: International Professional Staff (P1 to D2), Local Staff - National Officer, International Consultants, Local Consultants, UNV

** Costs to be included in this line are under the following cost elements: International GS Staff, Local Staff - General Service, Local Staff - Temporary Assist. (SC, SSA, Other), Overtime

⁶ Reflects estimated costs when these activities are performed by third parties. If WFP Country Office staff perform these activities, the costs are included in Staff and Staff Related and Travel and Transportation.