

# Appeal 2003-2004



International Federation  
of Red Cross and Red Crescent Societies

## TAJIKISTAN

### Appeal no. 01.86/2003

*Click on programme title or figures to go to the text or budget*

	2003 (In CHF)	2004 <sup>2</sup> (In CHF)
<b>1. Health and Care</b>	<b>2,710,887</b>	<b>2,043,625</b>
<b>2. Disaster Management</b>	<b>3,597,634</b>	<b>2,063,767</b>
<b>3. Organizational Development</b>	<b>396,514</b>	<b>340,000</b>
<b>Total</b>	<b>6,705,034<sup>1</sup></b>	<b>4,447,392</b>

### Introduction

Over the years, Tajikistan has remained one of the poorest countries in the Commonwealth of Independent States (CIS). With a population of six million and only seven per cent of land suitable for human habitation and agriculture as the rest is high mountains, Tajikistan has traditionally relied on fuel, capital, equipment, subsidies and expertise from the rest of the former Soviet Union. The severance of this link, coupled with the social and economic disruption caused by a civil war between 1992 and 1997, had a drastic effect on the welfare of the country's population.

In spite of its recent slight economic recovery and the three consecutive years of real GDP growth, effects of the civil war, destroyed or damaged infrastructure, and continuous drought in the past two years, have deepened and diversified the general poverty of the population. According to the 2000 UNDP Human Development Index, 96 per cent of the population have an income below the level of the minimum consumption basket. Average salary is less than US\$10 a month, and the unemployment rate accounts for some 30 per cent, according to the World Bank. The World Bank statistics indicate Tajikistan is making significant economic progress, with an overall economic growth between five and seven per cent in the past year.

However, viewed in the context of the overall state budget of only one billion US\$, this progress is in fact rather modest. According to the same source, it will take at least a generation before Tajikistan's middle class recovers to the level they had in 1991.

Vulnerability is high both in urban and rural areas. In towns, people live without any financial resources and with no possibility of growing their own food. Pensions are extremely low, the minimum being US\$ 1.6 per month. Water and sanitation structures, health care services and social welfare are highly dysfunctional or nonexistent. A significant increase in communicable diseases, such as malaria, TB, HIV/AIDS and brucellosis was noted in recent years. Contrasting climatic conditions, as well as the lack of adequate sanitary services contribute to a steady increase in

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<sup>1</sup> USD 4,600,039 or EUR 4,451,913.

<sup>2</sup> These are preliminary budget figures for 2004, and are subject to revision.

outbreaks of diarrhea, dysentery and waterborne diseases. The country is generally susceptible to a variety of natural disasters, including earthquakes, floods and landslides.

The country has suffered from four consecutive years of reduced rainfall, resulting in the drought in 2000 and 2001, which affected almost two million people and crippled their already extremely fragile coping capacities. In 2001, the actual food deficit was estimated at 35 per cent of the total needs of the country's population. Particularly hard-hit were small farmers with access to rain-fed land only and no alternative source of income, female-headed households, families with several children as well as the traditional urban vulnerable groups, including the elderly without family support and large families. The favourable prognosis for the wheat and vegetable harvesting, due to normal precipitation in 2002, were partially confirmed, though the successful harvest still does not exceed the yield level of the period before the drought. Nevertheless, the weak coping capacity of the population, exhausted during the previous years of crop failure and consequent food deficit, still necessitates a continuation in the provision of food assistance to the most vulnerable population both in rural and urban areas. The lack of food and the shortage of safe water contribute to a further deterioration of people's health, and are putting additional burdens on the malfunctioning health care services. According to UNICEF, about one third of the population use unsafe drinking water and almost 90 per cent have worsened sanitary practices.

The attacks on the World Trade Centre in the US in September 2001 and the following war in neighbouring Afghanistan have affected Tajikistan. The international humanitarian community focused its attention to the Afghan crisis and that led to a recognition and understanding of the needs of people in Central Asia more widely, including Tajikistan. International organizations began to move in, some with the clear intention of managing cross-border activity into Afghanistan, but others motivated by the needs in Tajikistan; health, food and non-food and media organizations have since taken root. However, there is a threat that these interventions are mostly of short-term character, and sometimes confused with the politics of bilateral support. It is crucial for the country and the international agencies present in Tajikistan to continue the independent and impartial relief and development assistance.

Due to the fact that Tajikistan as well as other Central Asian countries was reluctant to accept Afghan refugees, the country avoided the massive inflows that went to Iran and Pakistan. Most of the 5,000 refugees in Tajikistan at the end of 2001 were Afghans. Most of them have gone home voluntarily in recent months; some still remain.

***Human Development Indicators at a Glance***

	<b><u>Tajikistan</u></b>	<b><u>Kazakhstan</u></b>	<b><u>Uzbekistan</u></b>	<b><u>World</u></b>
HDI Rank (HDI Index), 2000	112 (0.667)	79 (0.75)	95 (0.727)	
Life expectancy at birth (years), 2000	67.6	64.6	69.0	66.9
Adult literacy rate (% age 15 and above), 2000	99.2	98.0	99.2	--
Combined primary, secondary and tertiary gross enrolment ratio (%), 1999	67	77	76	65
GDP per capita (PPP\$), 2000	1,152	5,871	2,441	7,446
Life expectancy index, 2000	0.71	0.66	0.73	--
Education index, 2000	0.88	0.91	0.91	--

Source: UNDP HDR 2002

## **Country Strategy**

Eleven years after independence, Tajikistan continues to face the challenges and threats of a fragile and complex humanitarian situation, affecting especially women and children. Significant large scale chronic malnutrition, mainly as result of the 2000/2001 drought, frequent disasters and the outbreak of diseases, such as typhoid, malaria, tuberculosis, coupled with an average government salary of US\$ 5 per month makes coping very difficult.

Because of these continuing humanitarian needs, the Red Crescent Society of Tajikistan (RCST) is asked by both the population and the authorities, to assist the huge numbers of vulnerable people. The RCST through its network of headquarters, provincial branches (five) and district branches (69) covering the entire country with thousands of volunteers provides vital humanitarian assistance to the vulnerable population and plays an important role in assisting and developing communities through the health and care, water/sanitation, disaster management, organizational development, and promotion of fundamental principles and humanitarian values programmes. Taking into account the needs of the vulnerable people, the capacity of the RCST, the core activities as specified in Strategy 2010 and the other stakeholders in the country, the RCST was concentrating in areas where they can build on the expertise within the International Red Cross and Red Crescent Movement.

Due to these needs in Tajikistan and upon request of the RCST for the International Federation's technical and financial assistance, the Federation will continue to maintain its country delegation in Dushanbe with field offices in Khodjant, Kulyab and Khorog. The main role of the Federation's delegation is to facilitate the development process of the national society (NS) by building its capacities, providing support in programme areas, and coordinating different partner national societies. The presence of delegates in the field offices and in Dushanbe serves to ensure monitoring and compliance to donor requirements. The country delegation works closely with the regional delegation in Almaty and with the Europe Department and other technical departments in Geneva.

## **National Society Priorities**

After independence from the former Soviet Union with its centralized organizational structure, the Red Crescent Society of Tajikistan was struggling to develop financial sustainability and to diversify its programme base. The lack of resources is especially felt at the regional and district branch levels, with the RCST lacking basic materials, proper offices and furniture.

Since 1991, and especially since the establishment of a permanent presence by the Federation in Tajikistan in 1994, the RCST was exposed to a wide variety of programme initiatives, including disaster preparedness and response, a range of relief programmes targeting the most vulnerable, community based first aid, income generation, and organizational development. Due to the frequency of natural disasters in Tajikistan and the rapid increase in the number of vulnerable people generated by these disasters, by infrastructural collapse and political conflict, the RCST participation in Federation-supported programmes over the last five years was mainly in the realm of disaster impact assessment, beneficiary selection and registration, and relief distribution and monitoring. These areas were *de facto* prioritized at the expense of perceived less pressing issues such as volunteer recruitment and training, branch development, organizational development, and income generation.

Following the Central Asia regional institutional and resource development review, carried out in mid-2000 and followed-up in mid-2001, the RCST has invited a gradual shift from relief to development, while prioritizing the following areas: capacity building in all areas of disaster preparedness and response including the administration and monitoring of general relief programmes; volunteer recruitment (including youth programmes) and branch development; organizational development, including diversification of methods to achieve financial sustainability.

Relief operations are systematically used as opportunities for development, rather than hindering factors. In this respect, the successful completion of the 2000 drought emergency operation left the RCST with increased organizational capacity at the grassroots level, a strengthened volunteer base and the sense of initiative and ownership related to the implemented programmes. These results were built upon through targeted development and disaster preparedness activities as well as through the food deficit emergency response operation initiated in August 2001.

At the regional conference of the European Red Cross and Red Crescent Societies in Berlin 2002, the Berlin Charter was adopted which commits the RCST to implement the plans of action on migration and health. Both themes were relevant for the RCST, especially in regard to tuberculosis and the psychological rehabilitation of refugees and internally displaced persons. Common issues of concern were identified together with the other Central Asian national societies in order to find a collective approach to address these problems. As a result, a pilot project on anti-discrimination started in all five Central Asian national societies, including the RCST, in 2002 with an expected continuation in 2003.

### **Red Cross and Red Crescent Priorities**

The different components of the Red Cross / Red Crescent Movement are involved in various activities in Tajikistan aimed towards assisting the most vulnerable. Due to the overall improvement of the security situation in the country, the International Committee for the Red Cross (ICRC) has reduced its level of activities in Tajikistan. The ICRC supports the orthopaedic centre, the mine-awareness programme, a dissemination programme, three soup kitchens and tracing activities. Good communication continues between the ICRC and Federation on issues of common interest to both organizations and the Movement. Austrian, Hellenic, Icelandic, Monaco, Hong Kong, Canadian, Japanese, British, Swedish, Netherlands, Norwegian, Finnish, and German Red Cross Societies are supporting the various programmes implemented by the RCST through the Federation's appeal or in the form of providing delegates and covering costs of delegates from non-traditional sources. The Netherlands and Spanish Red Cross Societies are running bilateral projects with the RCST. The Finnish Red Cross, through the European Commission's Humanitarian Office (ECHO) and Finnish Government funding, and the German Red Cross, through German Government funding, are contributing towards the complementary food programme. The Netherlands Red Cross through ECHO funding was supporting the improvement of health services in Tajikistan through provision of essential medical supplies to health institutions, public health education and first aid training. The Swedish Red Cross is supporting the activities of 13 soup kitchens.

### **Priority Programmes for Secretariat Assistance**

The International Federation will work through the RCST in order to focus on the following programme areas:

#### ***·Health and care***

The objective is to improve the health promotion activities throughout the country and to improve the general health situation of the country's population by providing access to safe drinking water and by introducing modern hygiene principles and practices. In addition, in the region of Khatlon and the regions of republican subordination (RRS), the Ministry of Health is assisted in improving the health status of the population through provision of the most essential drugs. This latter programme component will be revised in 2003.

#### ***·Disaster management***

The overall vulnerability of the population groups most affected by poor economic conditions in the country during the past years will be reduced and the capacity of the RCST will be further developed so it can become the main partner of the Ministry of Emergencies and other state and international agencies in emergency preparedness, response and mitigation in Tajikistan, in times of both natural and human-made disasters.

***·Organizational development***

The capacity of the RCST will be further strengthened, especially at branch level, through training and empowerment of the RCST staff and volunteers, including youth volunteers.

***·Fundamental principles and humanitarian values***

This programme will provide a starting point to decrease tension levels, combat discrimination and advocate for the most vulnerable but also towards the public at large and the public authorities. The promotion of the fundamental principles and humanitarian values will be carried out on an ongoing basis and will continue to be featured in the various programmes implemented by the RCST. Specific activities on anti-discrimination in Tajikistan will be included in the proposal of the regional delegation in Almaty.

In June 2002, a review was conducted of the two emergency appeal programmes generated by the drought and food deficits of 2000 and 2001. These emergency appeals provided appropriate supplementary rations to over 100,000 households over the past two years and enhanced the visibility of the RCST towards the government and the general public. Nevertheless, food distributions were assessed to be essentially inefficient compared to their impact on vulnerability on the NS and on other programmes such as disaster preparedness and capacity building. One of the recommendations of the review was to scale down large-scale food distribution which will now happen throughout 2003. Furthermore, it was recommended programmes be simplified and targeted with a focus on development and sustainability within the strengths of the RCST. Better integration of core programming through a service delivery “focal point” such as schools was seen as a methodology to achieve this long-term goal. The results and recommendations of the evaluation were subject to much scrutiny with a significant impact on this appeal. The country delegation in Tajikistan will attempt to implement most of these recommendations throughout 2003 as a transitional phase.

**1. Health and Care w [<Click here to return to the title page>](#)**

**Background and achievements/ Lessons to date**

The population’s health status degraded significantly in Tajikistan. Life expectancy of both men and women has fallen (according to the WHO, in 1990 life expectancy for men and women was 67.1 and 72.3, respectively; in 2000 the figures were 60.4 and 64.7, respectively). Probability of dying under the age of five is 85 per 1,000 for males and 82 per 1,000 for females, the highest rate in Central Asia, and far higher than in Europe. Respiratory diseases, infectious (waterborne) diseases, heart and circulatory system diseases remain the main causes of mortality. Anaemia, along with poor nutrition prevails among pregnant women (more than 80 per cent). According to official statistics, the infant mortality rate in Tajikistan is 87 per 1,000. Major causes are acute respiratory infections (over 60 per cent), diarrhea (25 per cent) and prenatal conditions. The maternal mortality rate is 44.6 per 100,000 live births (ten times higher than the European’s Union average). Most maternal deaths are preventable with a sound ante natal care (anaemia and other malnutrition cases’ management) and provision of standard obstetric services.

Diseases such as malaria and tuberculosis are re-emerging. There is a rising incidence of malaria with official statistics indicating 305.6 cases per 100,000 people in 2000. According to the WHO, the estimated rate of TB in 2001 is 127 per 100,000. At present, Tajikistan is used as a gateway for drug trafficking from Afghanistan, possibly explaining the increased numbers of drug addicts from 4,604 in 2000 to 6,640 by the middle of 2002. The country’s rapid social change and economic dislocation created an environment susceptible to a potential HIV/AIDS epidemic. There are a number of key factors increasing the risk of a potential HIV infection growth in Tajikistan: migration process, dramatic increase of sexually transmitted diseases, drug abuse and generally very low knowledge of the population about HIV/AIDS. In 2000 some 23 cases were officially reported and, in a nine-month period in 2002 this number increased to 75 cases. However, the real figure is suspected to be several times higher.

The breakdown of the water sanitation infrastructure and public health measures caused a significant increase in the incidence of communicable diseases. Structural problems in this domain were further exacerbated by four consecutive years of drastically reduced rainfall and snowfall in the country, causing a recurring drought in 2000 and 2001. The acute shortage of water caused an increased consumption of unsafe drinking water, and related outbreaks of waterborne diseases, and further reduced generally low hygiene practices in rural areas.

The RCST/Federation were implementing health care programmes throughout the country for several years. As part of the drought emergency appeal 2001, the Federation and the RCST trained 162 Red Crescent volunteers to conduct public health campaigns in their communities on the following topics: diarrhea, acute respiratory infection, and breast feeding.

The monitoring of previous and current health programmes (distribution of medical supplies, health promotion and first aid, etc.) indicates a positive impact on the population's overall access to better health services. The professional staff expresses a general satisfaction with supplies and training provided. However, this is only a small step in the overall efforts to develop effective and efficient care system and more efforts must to be made in the same direction. Assessment of health care institutions showed that there is still a need for standardization of procedures (diagnostic standardization, standardization of treatment and drugs, as well as transfer procedures). The misfit of the above mentioned areas with international practice causes high rate of hospitalization, whereby simple cases are too easily passed on to the higher level of care, irrational usage of drugs, inefficient case management, etc. Health professionals are lacking information on essential drugs and their use, standard treatment and patient transfer protocols - especially those working at the primary health care level.

The RCST role in health care is progressively changing. The tripartite agreement between the Federation, the RCST and the Ministry of Health on the programme's implementation was signed in December 2001. The RCST became a member of the country coordination mechanism on Global Funds to control HIV/AIDS, TB and malaria. The Red Crescent Society of Tajikistan has improved its capacity to respond to public health needs as an auxiliary service to the state health and social welfare systems through a developed volunteer system and traditional expertise in community services and first aid. The national society will put an emphasis on first aid training, health education campaigning and will continue with a gradual decrease of drug supplies aiming to transfer this responsibility back to the Ministry of Health, as considered appropriate.

The Red Crescent Society of Tajikistan with the support of the Federation implemented water and sanitation programmes as an integral part of the health activities since 1997. In 2002 the Red Crescent Society of Tajikistan recognized water and sanitation activities as one of the core programmes preparing already for the 2003 "UN International Year of Freshwater" and being coherent with the country and international policy on water/sanitation activities in Tajikistan.

The main objectives of the water and sanitation intervention activities in Tajikistan for the last five years were as follows:

- improving water supplies in selected villages and health centres;
- improving the sanitation facilities in selected villages, schools and health centres;
- increasing the public's awareness of poor hygiene practices and necessary ameliorative measures;
- provision of mobile treatment plants;
- improving emergency response;
- rehabilitating 14 small-scale irrigation systems to contribute to the food security of the country in 2002; and
- concluding an agreement with UNICEF to focus on a total of 200 schools in Kulyab and Khojand in implementing sanitation and hygiene promotion activities.

Although success was achieved during the implementation of the projects, less attention was paid to building the capacity of the RCST. The overriding objective was the improvement of the health status of rural dwellers in the targeted communities, specifically through a reduction in the incidence of waterborne diseases.

In 2003, the Federation and the RCST will continue these activities, however, the Federation will make a special attempt to rectify the above situation as much as possible and to build the capacities of the RCST. Nevertheless, in order to meet donor requirements and specific deadlines, some programme components might have to be implemented in parts as in previous years. In addition, focus will be given to the promotion of health prevention and health education, including the transfer of knowledge of fundamental principles and humanitarian values to community members and the national society's volunteers.

### **Overall Goal**

The role of the Red Crescent Society of Tajikistan in health care and water and sanitation activities is increased in order to improve the general health status of the population.

### **Programme Objective**

- ***Health and Care***

By the end of 2003, the capacity of the RCST to improve the access of the population to basic health care services is increased through health prevention and education, first aid, HIV/AIDS education and TB care at the community level, and through assisting primary health care institutions.

### **Expected Results**

- The population of targeted communities in four regions (Khatlon, RRS, GBAO, and Sughd) gains knowledge on prevention of most common diseases and basic health care at the household level, through health education campaigns carried out by 1,920 (acting as well as potential) RCST volunteers.
- Strengthened capacity of five regional RCST branches (Dushanbe, Khatlon, RRS, GBAO, and Sughd) in provision of first aid services through the training of 1,500 first aid volunteers.
- The awareness of 20,000 people of risk groups of STD/HIV/AIDS, stigma and discrimination as well as danger of drug addiction is increased through the educational campaign carried out by the RCST trainers and 100 volunteers at community level. Volunteers and the general public become aware of the RC/RC Movement's fundamental principles and humanitarian values, through their integration into the various training activities of the RCST.
- The treatment of 100 selected tuberculosis patients in Dushanbe is observed and followed up by the RCST according to the directly observed treatment short course (DOTS) methods.
- The operational capacity of 664 primary health care institutions in 23 rural districts of Khatlon region is improved through supplies of medicines and education of health staff. The programme was reviewed and scaled down over the year 2003.

### **Programme Objective:**

- ***Water and Sanitation***

By the end of 2003, the capacity of Red Crescent Society of Tajikistan and of the affected communities is strengthened in operation and maintenance of rehabilitated water and sanitation systems is enhanced through promotion of hygiene education, delivery of safe drinking water, proper sanitary disposal and building ownership for the rehabilitated systems.

### **Expected Results**

- The incidence of water-borne diseases in the targeted communities in GBAO, RRS, Khatlon, and Sughd is decreased by 30 per cent through uninterrupted safe water supply.
- The knowledge of the targeted local population in GBAO, RRS, Khatlon and Sughd on the prevention of water borne diseases is increased by 30 per cent through the provision of health and hygiene education activities carried out the RCST at the community level.
- The capacities of the Red Crescent Society of Tajikistan and targeted local communities in GBAO, RRS, Khatlon, and Sughd are strengthened by the training of the 480 communities' members and 40 Red Crescent volunteers in community management of water supply systems, operation and maintenance, ownership and sustenance of the rehabilitated water supply systems.

## **2. Disaster Management w [<Click here to return to the title page>](#)**

### **Background and achievements/lessons to date**

With its specific mountainous geographical configuration, Tajikistan is particularly prone to local and regional disasters. In the first six months of 2002, the government recorded 229 natural disasters in the country. Tajikistan was deforested over the past centuries leading to a high risk and almost daily frequency of mudslides, floods and avalanches. Some 1,700 dangerous sites were identified through studies by the Geology Department in the 1990s which are exposed to potential land/mud slide and/or floods.

In spite of its recent slight economic recovery and three consecutive years of real GDP growth, effects of the civil war, destroyed or damaged infrastructure, and natural disasters (floods in 1999, drought in 2000 and 2001) deepened the poverty of the population. FAO/WFP carried out a joint crop and food supply assessment in July 2002. Despite relatively good rainfall this year and associated higher yields, it was concluded there would be an insignificant increase to the access to food for the majority of Tajikistan's poorest households. In May 2002, Action Against Hunger, in collaboration with other agencies, the RCST and the Federation conducted a survey of children from 6-59 months old and their caregivers. This survey indicated the general rates of chronic malnutrition had changed much in the last three years. The need for further food assistance remains high.

More than 3,000 earthquakes are recorded in average per year, one third of them being above 4.5 on the Richter scale. An earthquake of the strength of the one that hit Dushanbe in 1907 and killed almost the entire population is expected in this area sometimes over the next 20 to 30 years. The 1996 NATO Advanced Research Workshop on "Urban Earthquake Risk in Central Asia" produced estimates showing Dushanbe faced one of the highest potential risks for earthquake-caused injuries and deaths in Central Asia. In addition, the earthquake occurring in the Eastern part of Tajikistan on January 9, 2002 shows even small earthquakes can cause extensive damage due to the weak building styles of houses and the lack of applied building standards. That particular earthquake measured 5.4 on the Richter scale but still killed three people, injured 54 others, destroyed 52 houses, and left 600 homeless. Furthermore, the poor maintenance of irrigation systems and the deforestation has resulted in decay of canals to the extent that water inundation of the soil from leakage has caused erosion contributing to sudden landslides causing extensive damage and casualties. In many instances, water has corrupted the foundations of houses situated below the canals making them susceptible to sudden collapse.

The Red Crescent Society of Tajikistan (RCST) has extensive experience in emergency response. Many of its 69 districts were involved in supporting internally displaced persons during the civil war of 1993 and in repatriation since the secession of hostilities. They responded to major floods, landslides, earthquake, and supported a significant number of beneficiaries with general relief assistance. Through its grass-roots presence, the RCST has the ability to widely contribute to meeting the needs of people in times of crisis.

The findings of the Tajikistan review, as well as an increased emphasis on disaster preparedness (DP) within the RCST as reflected in an internal organizational restructuring, has resulted in a revision of the strategic direction of the RCST/Federation programmes. This appeal reflects this change especially through the reduced supplementary feeding programmes, which are “essentially inefficient in terms of the resources expenses compared to their impact on vulnerability” (Tajikistan Review 2002), and through the increased focus on long term planning and the integration of development and sustainability aspects in both relief and DP programmes.

The supplementary food distributions and the soup kitchen project in major urban centres has gradually decreased every year from 75,000 beneficiaries in 1995 to 22,000 beneficiaries under the currently funded programmes. Under the current programmes (July 2002–April 2003), a total of 22,000 of the vulnerable urban population (lonely elderly without family support, handicapped/bedridden and multi-children women headed families without a steady source of income) in Dushanbe are being assisted by providing supplementary food in Dushanbe, as well as seeds and fertilizer in two districts of the RRS.

The soup kitchen project was under review since May 2002 and restarted activities only in October 2002. The project targets 2,500 beneficiaries, especially the elderly without family support, in providing hot meals three times a week in 13 soup kitchens for the period between October 2002-2004. The project will be monitored and starting from March 2003, the RCST plans to find funding opportunities from local donors and from its own income generating activities to achieve higher sustainability in 2005.

As mentioned above, the RCST and the Federation decided to gradually phase out the feeding programmes in favor of more sustainable programmes. Until 2002, the RCST/Federation had provided food aid to over 136,000 beneficiaries in southern and northern Tajikistan. This relief component provided food parcels consisting of wheat flour, pulses, oil and iodized salt to vulnerable groups. Until mid-2003, it is now planned to decrease food assistance to vulnerable groups in the provinces of Khatlon and Sughd to 77,500 beneficiaries with better community targeting in order to be more cost effective. Special targeting criteria on food insecurity factors (such as availability and quality of land, female headed household, families with large numbers of children, families with few or no livestock, families without regular income and families with poor access to water) will be used.

The cornerstone of the RCST planning for disaster preparedness is a six-year concept designed to prepare the RCST to respond to the needs of five per cent of the population of the country. Part of the currently developed national disaster response plan by the RCST is the focus on a long-term sustainable process allowing the RCST to maintain stocks and competence to reduce dependency on external donor support. This plan is accompanied by a gradual increase in stocks and by an annual training programme that will equip and train one additional disaster response (DR) team each year. After six years the RCST expects to have trained teams in each province together with suitable stocks.

During the past two years, the Federation was actively mitigating disasters in four communities in Gorno-Badakhshan Autonomous Oblast (GBO). Irrigation canals were hydro-isolated and water management systems were established. The project is scheduled to continue in four villages of the same province in 2003.

The planning for disasters was in the past response-centred. Therefore, the RCST intends now to use planning tools such as vulnerability and capacity assessments (VCA) to coordinate more effectively with other agencies and to develop the above-mentioned national disaster plan to establish strategies and procedures and so better meet the needs of disaster victims. The RCST aims to use the results of the VCA to improve the capability of communities to help themselves in order to increase its capacity for the DR. A poster campaign complemented by a video package integrating other RC programmes will target 150,000 families and 400 schools throughout the country to raise awareness on the need for an adequate DR. Youth volunteers will be the backbone of this activity receiving rudimentary training

in community-based disaster response. This training will be tested in 15 exercises (three in each province) to ensure classroom theory is practiced. The promotion of humanitarian values will be incorporated in these training activities carried out by the RCST. Furthermore, in order to be able to start contributing towards financing disaster preparedness (DP) activities, the RCST will establish a sewing centre resulting in increased disaster stock (blankets, clothing, etc.) and some generated income.

The infrastructure absorbing disasters is in poor condition and needs repairs and upgrading. Warehouses are desolate and provincial offices are unlikely to withstand any sort of major earthquake according to the Federation's Security Evaluation of 2002. In order to ensure enhanced safety of the staff of the RCST and the Federation and continuation of the work of the national society in case a disaster strikes, the necessary repair work will be undertaken on certain key RCST buildings. In addition, those provincial offices that are poorly equipped will be targeted by this appeal.

### **Overall Goal**

The capacity of the RCST to respond to disasters and alleviate suffering among the most vulnerable is increased.

### **Programme Objective**

By end of 2003, the RCST network is strengthened in disaster response and disaster preparedness through the development of a national disaster response plan in coordination with the government, as well as increased disaster stocks and supplementary feeding, mitigation activities in high risk areas, and the training of staff and volunteers.

### **Expected Results**

- Over 9,533 MT of food items consisting of wheat flour, vegetable oil, pulses, iodized salt and corn soya blend is distributed for 77,500 beneficiaries in Khatlon and Sughd in three distribution rounds over a period of eight months until June 2003.
- A total of 24,500 targeted beneficiaries (lonely-elderly, bed ridden, or women head of household with many children) are provided with a supplementary food parcel (32 kg) three times a year or with hot meals three times a week through 13 soup kitchens.
- The risk from landslides and flood in four villages in GBAO is reduced through tree planting and the building of dykes and canals.
- Incorporating the results of the VCA, a national disaster response plan is developed in coordination with government authorities and other NGOs to respond to the needs of five per cent of the population; one disaster response team consisting of 16 persons is trained, equipped and capable to respond effectively to disasters; and infrastructural repairs were carried out at warehouses of the RCST and the national society's headquarters to better absorb disasters.
- A RCST community-based information campaign is carried out on how to respond and prepare for disaster through handouts, video and posters targeting 150,000 families and training of 200 local volunteers in five branches on how to respond to disasters and providing disaster-related information to 400 schools in all five provinces of Tajikistan.

## **3. Organizational Development w [<Click here to return to the title page>](#)**

### **Background and achievements/lessons to date**

The Red Crescent Society of Tajikistan is continuing its shift from relief to a more development-oriented approach. In its strategic plan, the RCST puts the focus on community-based activities within the four core areas of Strategy 2010. In 2002, a VCA was initiated in 25 branches/communities which re-enforced and confirmed this strategic direction. The implementation of a development approach continued in 2002, especially in community-based health promotion and first aid activities implemented by the Red Crescent's district branches. As part of such an approach, the RCST took important steps to strengthen its volunteer base by adapting a volunteering policy in

2001 and supported volunteers in implementing community-based projects. Consequently, a Red Crescent volunteers handbook was developed in 2002 which includes chapters on guidance, methods and tools in effective volunteer recruitment and management. Following these developments, the role of the Red Crescent's volunteers has gradually started to change, and they have become more involved in the Red Crescent's activities, obtaining more responsible and meaningful tasks. Sixty district branch chairpersons were trained and 80 new volunteers were recruited and trained in accordance with this handbook. The number of registered members of the RCST is 1,468 and the number of volunteers is estimated to 3,500 out of which 320 are youth volunteers being organized in 16 youth groups.

In April 2002, the Red Crescent youth conducted a survey to identify the interest of young people to volunteer and to test their knowledge about the RCST. A general interest in volunteering was observed and the lack of RC knowledge of young people was confirmed. Based on these results, the youth of the RCST strengthened their capacity through regional youth coordinators, one in each region, and through recruitment and training of volunteers. The youth played an important role in developing the volunteers handbook and the training of trainers course (ToT) on HIV/AIDS peer education. As a result, 15 youth trainers were trained and conducted training in all five provinces of the country.

In August 2001, the regional institutional and resource development review of the five Central Asian national societies was carried out, including the RCST. A review in 2002 followed in order to determine the implementation state of the initial objectives and to identify further steps. A financial development plan was developed and resulted in improved financial management of the RCST and better compliance with the requirements of the national legislation and minimum international standards. Following the regional management and leadership training in 2002, the RCST initiated a process to improve its management structure and to revise its statutes in accordance with the guidelines for national society statutes.

Difficulties in organizational development (OD) include:

- lack of ownership of the projects;
- lack of fund-raising capacity - donor dependency;
- lack of effective use of resources;
- lack of cooperation and coordination between programmes;
- insufficient volunteers retainment; and
- lack of understanding between HQ, branches, and youth.

Lessons learned from previous OD activities include:

- involvement and integration of the RCST on all levels; and
- need for change in management structures of the RCST with delegation of authorization to heads of departments, programme managers and heads of branches.

### **Overall Goal**

The capacities of the RCST at all levels are increased in order to fulfil its mandate to alleviate suffering of the vulnerable.

### **Programme Objective**

By the end of 2003, the capacities of the RCST are strengthened through revised management structures, branch development activities, an increased volunteer base and continued youth activities.

### **Expected Results**

- The revision of management structures, including the clarification on the role of governance and management, and of the financial management system, as well as the revision of statutes is in progress in accordance with the Movement's strategy.
- A total of 40 RCST district branches are assisted in conducting a VCA and in ten RCST district branches community based activities in the four core areas are developed through training of trainers and volunteers and through the involvement of the local population resulting in 3,800 registered volunteers and 2,000 RCST members. Costs of locally run programmes, totalling 40 per cent are covered through local fundraising initiatives.
- The visibility of the RCST and the movement is increased through the celebration of specific events, such as World RC Day. Media events, poster and leaflet campaigns are carried out to disseminate information on HIV/AIDS, TB, DR/DP, to promote humanitarian values and to fight discrimination.
- The number of youth groups increases from 16 to 26 and 400 youth volunteers are trained. The number of youth volunteers increased by 20 per cent from 263 to 315. HIV/AIDS peer education and drug awareness activities are carried out by the RCST youth, in close cooperation with the health department, in all five provinces of the country. The status of youth is clarified through the revision of the national society's statutes.

#### **4. Federation Co-ordination w [<Click here to return to the title page>](#)**

##### **Background and achievements/lessons to date**

First discussions on a cooperation agreement strategy (CAS) for Tajikistan were initiated with the RCST in 2002, based upon the Strategic Plan of the RCST and the regional assistance strategy 2002-2004, published in late 2001. The CAS consultation process will be carried forward in 2003 and will not only include the lessons learned from the regional institutional and resource development review 2002 and the Tajikistan Review 2002 but also reach out to the partners in Tajikistan.

Currently, 14 participating national societies are funding programmes of the RCST on a multilateral or bilateral basis (see also section on 'Red Cross and Red Crescent Priorities'). The Federation has a vital role in coordinating the assistance of the different partners in the country in order to ensure the needs of the vulnerable people are met in an appropriate way. This CAS consultation process aims to provide a framework for the assistance to the RCST which will acknowledge the need for long-term and community-based commitments. The transition from relief to development shall therefore be reflected in the CAS document and agreed upon by all partners, including the ICRC. Transparency among all components of the Movement will be the key to ensure such a coherent approach.

Tajikistan is characterized by a high presence of international organizations and UN agencies. Regular exchange among these organizations enables better understanding and coordination to avoid overlapping projects and activities in Tajikistan. The Federation, together with the RCST, is recognized as an important actor in Tajikistan and therefore plays a significant role in ensuring communication and coordination among all partners. Agreements with ECHO, WFP and UNICEF on different programmes (food, health, water/sanitation) will be reviewed and continued in 2003 in order to fit into the overall approach taken in the support and the strengthening of the RCST (see also under the different programme sections).

##### **Overall goal**

All components of the RC/RC Movement and other partners agree upon a framework of cooperation which will be reflected in the Tajikistan CAS document in order to strengthen the NS and to more effectively reduce the suffering of the vulnerable.

##### **Programme objective**

By the end of 2003, a draft version of the CAS document is available to all partners acknowledging the coordination role of the Federation in ensuring a coherent approach taken to strengthen the RCST.

**Expected results**

By the end of 2003, the coordination efforts by the Federation are reflected in improved and transparent communications among all partners, effective use of resources, and more focused programmes respecting the needs of the RCST.

**5. International Representation w [<Click here to return to the title page>](#)****Background and achievements/lessons to date**

The RCST, supported by the Federation, forms partnerships to respond to the needs of the vulnerable, promote their interests at the national, regional, and international levels, and to mobilize support for the activities and development of the RCST. Therefore, the mandate of the RCST and the Federation is to give a voice to those sections of society who otherwise are not able to articulate their needs in these fora. Due to their network in the communities and their operations on relief, disaster response and preparedness, health and water/sanitation, the RCST, supported by the Federation and other partners, is recognized among the national and international organizations as a major actor. Advocating on behalf of the RCST and the vulnerable and representing the Federation on national level was one of the priorities in the last two years. The Federation will continue this role of representation together with the RCST with national and international partners in Tajikistan in 2003.

For the RCST and the Federation the year 2003 as 'International Year of Freshwater' will provide a special opportunity to advocate for the need for clean water in Tajikistan. The proposal to proclaim the 'International Year of Freshwater' was put forward by the President of the Republic of Tajikistan to the UN General Assembly which adopted in 2001 resolution A/RES/55/196 at its 55th session to accept this proposal. The RCST together with the support of the Federation is implementing water/sanitation activities in communities and will build on the proclamation of the International Year of Freshwater to raise the awareness on the problems related to clean water and health in Tajikistan at international levels. This will provide an opportunity to mobilize resources for activities related to health and care, including water/sanitation.

At the same time, the RCST as an auxiliary to the government has the opportunity to engage with the different government authorities at the national level to promote its activities and to define their role as RC domestically. The Federation is supporting the RCST in these efforts, and to all partners involved in the activities in Tajikistan. A Red Crescent Law is to be agreed on at a national level and efforts will be made in 2003 to advance these discussions towards the government.

Internationally recognized events, such as the World RC/RC Day and the World AIDS Day, will provide a chance to raise the profile of the RCST to the public. The RCST and the Federation can advocate at these events, promote their activities and draw attention at interagency meetings and embassies to the specific mandate of the Movement in these areas.

**Overall Goal**

The mandate of the Movement is well disseminated among the various governments, UN agencies, international and national organizations, as well as other stakeholders in the field.

**Programme Objective**

By the end of 2003, the image, profile and visibility of the RCST is improved through the support of the Federation in advocating at the national, regional and international levels about the activities of the RCST and the needs in the country.

**Expected Results**

- By the end of 2003, the activities of the RCST related to the International Year of Freshwater are known to the different partners in and outside Tajikistan, and resources could be mobilized on this basis.
- By the end of 2003, the discussions on a RC Law progressed.

*<Budget below - [Click here to return to the title page](#)>*

# BUDGET 2003

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.86/2003

Name: Tajikistan

PROGRAMME:	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	219,258	0	0	0	219,257
Clothing & textiles	0	0	56,718	0	0	0	56,717
Food	0	0	1,153,399	0	0	0	1,153,399
Seeds & plants	0	0	14,800	0	0	0	14,800
Water & Sanitation	0	608,025	5,442	0	0	0	613,466
Medical & first aid	0	154,658	914	0	0	0	155,571
Teaching materials	6,695	147	516	0	0	0	7,358
Utensils & tools	0	0	62,214	0	0	0	62,214
Other relief supplies	0	0	11,969	0	0	0	11,968
<b>SUPPLIES</b>	<b>6,695</b>	<b>762,830</b>	<b>1,525,230</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,294,753</b>
Land & Buildings	0	0	73,700	0	0	0	73,700
Vehicles	10,465	0	12,603	0	0	0	23,068
Computers & telecom	6,043	1,474	42,158	0	0	0	49,675
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	1,312	0	0	0	0	0	1,312
<b>CAPITAL EXPENSES</b>	<b>17,820</b>	<b>1,474</b>	<b>128,461</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>147,755</b>
Warehouse & Distribution	221	29,701	135,838	0	0	0	165,760
Transport & Vehicules	22,966	350,056	293,412	0	0	0	666,433
<b>TRANSPORT &amp; STORAGE</b>	<b>23,187</b>	<b>379,757</b>	<b>429,250</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>832,194</b>
Programme Support	25,773	176,208	233,846	0	0	0	435,827
<b>PROGRAMME SUPPORT</b>	<b>25,773</b>	<b>176,208</b>	<b>233,846</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>435,827</b>
Personnel-delegates	156,000	468,000	672,000	0	0	0	1,296,000
Personnel-national staff	51,730	418,785	304,150	0	0	0	774,664
Consultants	0	14,389	0	0	0	0	14,388
<b>PERSONNEL</b>	<b>207,730</b>	<b>901,174</b>	<b>976,150</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,085,053</b>
W/shops & Training	32,651	152,040	11,844	0	0	0	196,535
<b>WORKSHOPS &amp; TRAINING</b>	<b>32,651</b>	<b>152,040</b>	<b>11,844</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>196,535</b>
Travel & related expenses	17,508	58,484	72,576	0	0	0	148,568
Information	24,121	179,985	72,033	0	0	0	276,138
Other General costs	41,029	98,935	148,244	0	0	0	288,207
<b>GENERAL EXPENSES</b>	<b>82,658</b>	<b>337,404</b>	<b>292,853</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>712,914</b>
<b>TOTAL BUDGET:</b>	<b>396,514</b>	<b>2,710,887</b>	<b>3,597,634</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,705,034</b>