

# Appeal 2005



International Federation  
of Red Cross and Red Crescent Societies

## TAJIKISTAN

Appeal no: 05AA074

Appeal target: CHF 3,670,611

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 181 countries.

*Please click on programme title to go to relevant text*

Programme title	2005 in CHF
<b>Strengthening the national society</b>	
<a href="#">Health and care</a>	1,313,286
<a href="#">Disaster management</a>	1,857,325
<a href="#">Organisational development</a>	500,000
<b>Total</b> <a href="#">Please click here to view the total budget for this appeal</a>	<b>3,670,611<sup>1</sup></b>

### Related appeals:

Tajikistan Annual Appeal 2004 (01.83/2004) [Please click here to go to the appeal](#)

Central Asia Regional Programmes Annual Appeal 2005 (05AA075) [Please click here to go to the appeal](#)

<sup>1</sup> This amount corresponds to USD 2,912,735 or EURO 2,374,510

## Context



The Red Crescent Society of Tajikistan (RCST) has been working as an auxiliary institution with the government for more than 70 years. The RCST, with Federation support, has been providing continuous humanitarian assistance to one of the poorest and most complex countries in Central Asia, in order to reduce the vulnerability of the population.

The situation in Tajikistan remains serious: with a population to feed a population of 6 million only 7 per cent of the country is arable land suitable for cultivation, the rest is mountainous. Previously the country relied heavily on inputs of fuel, capital, equipment, subsidies and expertise from other republics of the Soviet Union. The collapse of the soviet system in 1990 worsened by the following civil war had a drastic effect on the welfare of the population. Despite its recent slight economic recovery, Tajikistan still has the

lowest per capita income among the former Soviet republics. The effects of the civil war, damaged or destroyed infrastructure, and natural disasters (drought in 2000, food deficit in 2001 and several small-scale disasters in the last three years) have exacerbated poverty. The general income of the population is below 10 USD per month, the unemployment rate is 46.7 percent and about 86 percent of the population cannot meet its basic needs (National Human Development Report, Tajikistan, 2003). Pensions are low, at a minimum of 2.37 USD per month.

Social welfare, water and sanitation and overall health services are not functioning properly or are non-existent. As a result there were outbreaks of such diseases as malaria, TB, HIV/AIDS, brucellosis, diarrhoea and dysentery in recent years. The situation is worsened by the fact that Tajikistan also serves as a gate for drug trafficking from Afghanistan. Cheap and easily available drugs, coupled with little hope of escaping grinding poverty, are leading to an increased number of drug addicts. It is evident that, drug trafficking, injecting drug use and HIV infection are closely linked. According to official statistics, most HIV-infected people are intravenous drug addicts. Moreover, the country is situated in an area exposed to natural disasters, floods, earthquakes, avalanches and mud/land slides. Between January and August 2004, 65 disasters occurred affecting directly or indirectly over 200,000 people and their property. Lonely elderly, bedridden and disabled people, in urban areas, still continue to depend heavily on humanitarian support.

The challenge for partner national societies and the Red Crescent in 2005 is to confront this daunting situation and strengthen communities so that, step by step, they can re-build their own capacity. The development indicators detailed below reveal the extent of the challenge to empower the country's most vulnerable people.

### Development indicators for Tajikistan

Population (2002)	6.2 million
Life expectancy at birth (2002)	68.6 years
Percentage below poverty line (2002)	86
Public expenditure on health (2001)	1.0% of GDP
Detected cases of those living with HIV/AIDS (2003)	01-0.2%
Detected cases of those living with TB (2002)	169 per 100,000

Infant mortality per 1,000 live births (2002)	36.7
Population using improved water source (2000)	60%
Population with sustainable access to improved sanitation (2000)	90%
GDP per capita (2003)	USD 980

Source: <http://hdr.undp.org/reports/global/2004>

## Red Cross and Red Crescent Priorities

### National society strategy

The Red Crescent Society of Tajikistan is the country's biggest humanitarian institution. The RCST, with the Federation and participating national societies support, is able to respond to different disasters. The RCST has responded to a considerable number of disasters over the last nine years (for details please refer to the disaster management section).

In line with the Federation Strategy 2010 and following the various Central Asia Federation regional reviews, most notably the Strategic Direction Plan 2+2, the RCST has defined a clear strategy prioritizing the following areas:

- **Disaster management** – reduction of the impact of emergencies on people living in disaster-prone areas and the vulnerability of elderly people, through: disaster risk reduction and mitigation projects, involving the branches and local communities; and through provision of social and nutritional support to elderly, bedridden and disabled people from four regions of the country and TB patients in Dushanbe.
- **Health and care** – prevention of tuberculosis (TB), using directly observed treatment short course (DOTS); prevention of HIV/AIDS through health education and awareness/education campaigns among the youth and drug addicts; and community-based health promotion activities, integrating water and sanitation activities into health
- **Organizational development** – adoption and practical steps towards implementation of statutes; further improvement of volunteer management; branch development; fundraising and financial, logistic and staff management; visibility and promotion of fundamental principles and humanitarian values.

In accordance with the above strategy the decentralisation process within the national society has started in 2004. The scope of relief activities has decreased, with more focus on capacity building of the national society and community based programming in disaster management and health and water sanitation. More programme implementation and management responsibility is delegated to RCST branches and coordinated by respective departments in headquarters. The national society is able to manage and implement the programmes. This has enabled a reduction in the number of delegates from nine in 2003 to five in 2004.

### International Red Cross Red Crescent Movement Context

The Red Crescent Society of Tajikistan was set up in 1927 and has consistently supported communities over the ensuing decades. Since 1992 it has acted as a humanitarian organization on the basis of the Fundamental Principles of the International Red Cross Red Crescent Movement. The national society remains dependent on external assistance to implement programmes because of a lack of local resources and national society capacity to fundraise. The greater part of support is through the Federation and partner national societies, with the International Committee of Red Cross (ICRC) also contributing.

The Federation has been working in Tajikistan since 1994. The partner national societies (PNS) have supported the RCST through the Federation on a multilateral and bilateral basis.

On a multilateral basis, the Netherlands Red Cross with European Commission Humanitarian Office (ECHO) funding is continuing to support the improvement of health services in Tajikistan through supply of essential drugs to health institutions, health staff training, community-based first aid and health education. Since June 2004, the Netherlands RC has also been the contract holder for the disaster preparedness (DIPECHO) programme to enhance the disaster preparedness and response capacity of the RCST and communities. The Finnish Red Cross, with ECHO

and Finnish Government funding, is continuing to provide a complementary feeding assistance to extremely vulnerable populations in Dushanbe. The Norwegian Red Cross (Government) is providing support in organisational development, disaster preparedness/response and health and care, including prevention of HIV/AIDS (peer education) as well as TB-control and treatment (DOTS). The Swedish Red Cross is supporting soup kitchens, organizational development, health and care and disaster management programmes. Saudi Arabian, Austrian, Canadian, Sweden, Danish, British, New Zealand and Netherlands Red Crescent societies also supported various RCST programmes and/or have covered the costs of the delegates.

The American Red Cross and the Netherlands Red Cross are cooperating with the Red Crescent Society of Tajikistan on a bilateral basis. The American Red Cross programme aims to improve the general and reproductive health of women and children through better health services and mobilisation of local organisations. The Netherlands programme is continuing to strengthen the capacity and resources of RCST in Kulyab and GBAO. It also supports the education of Afghan refugees through courses on English, computer, sewing, management and first aid.

In line with the Federation Secretariat's four-year plan for Central Asia (Strategic Direction 2+2 - 2003-2006), the Federation will support the national society to: phase out the food relief programme and focus on community-based disaster preparedness and mitigation activities in disaster-prone areas; phase out drug distribution activities and considerably increase community-based health promotion activities; strengthen HIV/AIDS activities; and facilitate the adoption of the new NS statutes, including re-structuring and decentralisation of activities from HQ to branches.

Activities to promote and disseminate humanitarian values and the fundamental principles will continue to be integrated into all programmes. Actions against discrimination and intolerance will be carried out through awareness campaigns or specific country level activities. Promotion of the Movement's fundamental principles and humanitarian values and actions against discrimination, violence and intolerance in the communities will be a major focus.

Integration of various programmes will continue in 2005. There will be more synergy not only at the implementation stage but also during the entire process.

## **Strengthening the National Society**

### **1. Health and Care**      *[Please click here to return to the title page](#)*

#### **Background and achievements**

The health situation in Tajikistan has deteriorated dramatically since the country became independent and was exacerbated by the civil war. This has resulted in a shortage of medicines, diagnostic material, trained personnel, as well as poor water and sanitation facilities. This has all combined to affect health standards. Maternal and child health indicators demonstrate the need for increased community health awareness and improved quality of mother and child health care: 85% of births in rural areas are at home, often without professional assistance.<sup>2</sup>

According to the World Health Organisation (WHO), the rate of tuberculosis in 2001 was 127 per 100,000. In 2002 the rate increased to 169 per 100,000. However, the Ministry of Health (MoH) and WHO agree that the real incidence of TB may be 3 to 4 times higher than official data reports. The official morbidity rate is not high, due to poor reporting and functional TB services.

Social changes and economic dislocation in the country create an environment which increases the likelihood of an HIV/AIDS epidemic. The risk factors are: migration processes, dramatic increase of sexual transmitted infections (STI), drug abuse and a very low HIV/AIDS awareness level. Tajikistan serves as a gateway for drug trafficking from Afghanistan, a factor in the increased number of drug addicts from 4,604 in 2000 to 6,640 in mid 2002, most using intravenous injections under poor hygienic conditions. In 2000, 23 HIV/AIDS cases were officially reported and 210 in May of 2004. However, the real figure is expected to be several times higher. Testing facilities are extremely limited and people are tested in a very selective way.

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<sup>2</sup> UNICEF – Humanitarian Action, Tajikistan 2002

To improve the health system of Tajikistan, the Ministry of Health is implementing a Health Sector Reform plan (HSRP), supported by the World Bank and various international NGOs. Though the HSRP is in an initial stage, some achievements are already made. Asian Development Bank (ADB) and ECHO are supporting a partnership between MoH and Pharmacy Sans Frontier (PSF) in establishing a Pharmaceutical Procurement Centre, which is intended to replace the ECHO drug and medical supply support in 2007. Some health facilities have been rehabilitated; training of family doctors, general and family nurses was started in 2002 to facilitate the implementation of a primary health care system.

RCST traditionally played an active role in community health care through its countrywide network of volunteers. The International Federation's country delegation in Tajikistan provides continuous technical support to RCST health and social welfare activities. Since 1997, assistance has been based on the emergency health situation and comprised: community based first aid (CBFA), drug and medical supply distribution, and health staff and volunteers training. Since 2002, the RCST has been developing its health strategy in line with the Government's HSRP. RCST is in the process of building its capacity through improving its voluntary system and updating expertise for these changing demands in primary health care (in Tajikistan the so called Family Medicine). The main programmes for 2005-2006 will focus on: community based health promotion, reduction of drug relief activities, preventive health and hygiene education, social support, first aid training, TB, and HIV/AIDS including harm reduction.

Based on a tripartite agreement, annually renewed, RCST became a national member of the Global Fund to fight AIDS, TB and Malaria. The Red Crescent is a member of the Fund's Country Coordination Mechanism (CCM) with the aim of accessing support for its HIV/AIDS programme. However, RCST does not receive funds from GFATM. At present, the national society implements its HIV/AIDS and TB programmes in line with the Global Fund strategy, but via donations from PNSs and Regional Delegation Almaty. The CCM has recognised this.

### **Tuberculosis (TB)**

RCST is implementing its TB programme, applying the Directly Observed Treatment Short Course (DOTS) method in accordance with Government's National TB Strategy. It started in Dushanbe as a pilot region in 2002 and extended to Rudaki rayon in January 2004. The programme observes 200 patients at a time and aims to assist the most vulnerable TB patients through: the DOTS approach; home visits; food supplies; health education to families, schoolchildren and general public; and psychological and social support. In 2005, the TB programme will continue to implement the same activities as by the end of 2004, in Rudaki rayon and in Dushanbe. TB awareness and prevention messages will be included in the Health promotion activities throughout Tajikistan. RCST is planning to start a bilateral TB program in Vose rayon, Khatlon oblast, funded by American Red Cross.

### **HIV/AIDS Activities**

HIV/AIDS activities in 2005 will remain a core area for the Red Crescent society. In line with Federation strategy, this project consists of three components: increasing awareness; decreasing stigma and discrimination according to the Federation's humanitarian values through discussion groups, social support activities and public awareness campaigns; and harm reduction. The national society is continuing to work closely with its youth department through schools. 100 RCST volunteers are involved in various HIV/AIDS initiatives. Small-scale campaigns through lectures, conversations, actions and other activities for youth in and out of school, selected groups among the population and public leaders (targeting 50,000 people) will continue. The National Society is active in producing and delivering public health prevention materials on HIV, youth peer education, distributing 3,900,000 condoms and organising round tables with different partners. As a means of increasing awareness the information materials on HIV/AIDS related topics – including leaflets, posters, brochures, AIDS ribbons, T-shirts and badges – will be prepared and distributed to target groups. As a pilot project, the national society will work with 20 people living with HIV/AIDS in Dushanbe and 20 in GBAO on provision of social and psychological support. During the first year the HIV activities in GBAO will be carried out in close collaboration with NGO Volunteer. This organisation has extended experience in working with people who live with HIV/AIDS (PLWHA) and intravenous drug users (IVDU) and have offered to share their expertise with RCST volunteers.

RCST will strengthen the harm reduction project with activities targeting intravenous drug users. Being a new initiative, education through exposure visits of staff will be a first step, before a detailed activity plan will be drawn. Intended activities could comprise moral and social support, needle exchange initiative, opening social support hotlines, and mobilising risk group members.

### **Community Based First Aid (CBFA)**

Since 2002, the community based health promotion (CBHP) initiatives, in compliance with government's HSRP, have been included in the CBFA programme, since both components aim at the same target group. CBHP messages include prevention of seasonal infectious diseases (diarrhoea, and respiratory infections), TB, HIV/AIDS and drug use.

The RCST, with a voluntary system all over the country, has the potential to play a major role in a low-cost sustainable way of reducing the communities' vulnerability. Health promotion can be the backbone in rebuilding RCST institutional and operational capacity, where CBHP/FA teams will work in close collaboration with the disaster management and organisational development department.

Programme improvement will be addressed. In line with the other Central Asian National Societies, RCST will adopt a regional approach to first aid. The focus will be on common training modules, curricula, first aid manuals and standards of training of trainers (ToT) refresher courses.

The health programme for 2005 will reflect a combined approach of curative and preventive initiatives, implemented through volunteers working with the community. The year will be characterised as a transitional period, where actors move from an emergency/relief focus to a developmental approach, with attention given to the development of Red Crescent branches, decentralisation of programme implementation mandates with increased CBHP and improved CBFA components. Branch representatives and volunteers will be actively involved in planning, implementation and monitoring, to ensure smooth programme management starting at grass root level. The implementation and monitoring of the so-called "decentralisation of programme implementation mandates" will be guided through:

- An initial visit by HQ staff and delegate to each oblast to support and supervise the oblast health coordinator and explain the process and procedures to be followed for smooth programme management.
- Quarterly health coordination meetings at oblast level to up-date HQ and each other on progress made, activities carried out, topics in need for detailed support (teaching), plans for the next quarter.
- Follow-up visit by HQ staff and delegate to each oblast to monitor progress.

### **Drug Relief Programme**

The drug relief programme aims at better access to improved health services for vulnerable rural communities. In 2005 the RCST, according to its health strategy and in line with the government's HSRP, will continue gradual scaling down and exit in 2007 from direct relief assistance to health facilities. This programme component includes: distribution of drugs and medical supplies to 300 rural health facilities; monitoring; on-the-job training on case management; rational use of drugs; and stock keeping.



**The doctor of a primary health care facility from an isolated village in Tajikistan has received medicines from RCST and is delivering them to his facility. He hopes the medicines will make his patients healthier**

MoH representatives will be actively involved in the programme implementation. This move is geared towards equipping the health authorities with knowledge and skills to continue with the same services when RCST phases out from relief assistance.

As part of the exit strategy, RCST and Federation staffs, at various levels, will be helped to anticipate future job opportunities, in line with the Government's promotion system, after they have led the RCST through its transitional period. Therefore, additional training on health management & leadership, research, health sector reform strategies, primary health care or family medicine, computer skills and English need to be locally provided.

**Goal**

The health status of targeted vulnerable populations in Tajikistan in terms of TB, HIV/AIDS and preventable communicable diseases has improved. [Please click here to go to the project logframe](#)

**Objective**

By the end of 2005, a strengthened NS will contribute to the improved health status of the population through: community based health promotion and first aid, provision of medicines and medical supplies, as well as a focus on TB and HIV/AIDS activities.

**Expected results**

- The RCST has contributed to TB reduction through promotion of and support to implementation of the DOTS strategy in Dushanbe and Rudaki rayon covering 200 TB patients at a time, and through health education, targeting 32,000 people and TB patients' families.
- By the end of 2005, 50,000 people from marginal groups (commercial sex workers, injecting drug users, in and out school youth) have increased their knowledge and skills on responsible behaviour to prevent HIV/AIDS/STI and also to reduce discrimination towards people living with HIV/AIDS.
- Communities are less vulnerable to the effects of disease outbreaks, emergencies and disasters through training of 1,000 volunteers on community based health promotion and first aid, who will in turn target 30,000 households.
- Communities' access to essential health service is improved through provision of medicines and medical supplies and training of MoH staff on rational use of drugs, case management and record keeping in 300 primary health institutions in Khatlon and RRS.

**Water and Sanitation****Background and achievements**

The breakdown of the water and sanitation infrastructure and public health measures causes significant increase in the incidence and prevalence of water-borne diseases. Structural problems increased during four consecutive years of lack of rain and snowfall causing drought in 2000 and 2001. The acute shortage of water caused increased consumption of unsafe drinking water and resulted in outbreaks of water-borne diseases. This further reduced the general low hygiene practice in rural and urban areas.

Lack of safe drinking water continues to be a serious concern in the country. The results of the Nutritional and Water and Sanitation survey made by 15 NGOs in all four regions of Tajikistan (October 2003) says *"In Tajikistan only 20% of people receive piped water into their dwellings, in most cases water chlorination does not correspond the requirements and about 1/3 of the population have to collect water from open water sources"*. This demonstrates the extent of need for the provision of safe drinking water in rural areas, in particular.

The RCST branches and beneficiaries have been working together to implement water and sanitation projects and communities were encouraged to create the Water Users Committees (WUC) through community mobilization. These committees will construct, operate and manage the new water supply systems.

**Water**

During the last two years, the Red Crescent Society of Tajikistan, with Federation support, continued the installation of 17 low-cost technology water systems. The RCST intends to continue the construction and/or rehabilitation of 20 low-tech water systems and train 20 WUC to increase the sustainability of the projects.

**Sanitation**

By the end of June 2004, the RCST together with the communities involved, finalized the construction of 250 individual household latrines. The plan for 2005 is to build an additional 600 latrines in the area where HIV/AIDS activities are implemented.

**Hygiene**

The Participatory Hygiene and Sanitation Transformation (PHAST) methodology has been introduced aiming to improve community participation and to change hygiene behaviour. Lessons learned from the pilot experience on PHAST methodology in two communities of Sughd region, showed that the methodology needs adjustments to

incorporate cultural aspects. On the whole, the methodology showed its value and will be integrated into the implementation of the water and sanitation activities in 20 villages in 2005.

### Objective

By the end of 2005, the health condition of targeted communities is improved through better access to clean water, use of latrines and increased health promotion. [Please click here to go to the project logframe](#)

### Expected results

- 25,000 inhabitants from 20 villages of GBAO, Sughd oblast and RRS have access to potable water through the construction and/or rehabilitation of 20 water systems based on low cost techniques involving community mobilization.
- Sanitary conditions in the project area are improved through the construction of 600 latrines adaptable to the local regulations and cultural sensitivity in GBAO, RRS and Sughd oblast.
- Awareness on health and sanitation issues has increased by 30% among the communities involved in construction of water and sanitation facilities and hygienic behaviour has changed on the household level.

## 2. Disaster Management

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Tajikistan and its people have been in transition since independence in 1991. The severance from the Soviet system and ensuing civil war left a legacy that has been difficult to overcome. The war, the general economy and loss of social services have drastically reduced overall living conditions. These problems are complicated by Tajikistan's geography. As a mountainous country, it is prone to variety of chronic natural disasters. Earthquakes, landslides mudflows, floods, droughts and avalanches are common. In 2004 until August, OCHA estimated that over 65 small-scale disasters occurred affecting directly or indirectly more than 200,000 people.

### Red Crescent Society of Tajikistan

Acting as a principal auxiliary organization to the government, the Red Crescent Society of Tajikistan has extensive experience in emergency preparedness and response. With its 69 branches all over the country it has responded to major floods, landslides, earthquakes and droughts, supported a great number of affected people through general relief assistance and disaster mitigation projects and was also involved in supporting internally displaced people during the civil war.



**The RCST distributes second-hand clothes to people affected by one of the many disasters to regularly hit the country**

Over the last four years, the RCST has developed considerably. A Memorandum of Understanding on disaster response between the Red Crescent Society and the Ministry of Emergencies of Tajikistan was signed in 2002. The Memorandum mandated RCST to render emergency humanitarian services to victims of natural and/or man made disasters. Subsequently, the RCST national disaster response plan was prepared and put into force. This enhanced the disaster management capacity of the RCST and enabled it properly to coordinate activities with other humanitarian actors. It also ensured that activities were carried out in line with other related programmes and components. However, the RCST has acknowledged that there is a need to shift from the response-oriented focus to new

methodologies, i.e. concentration on disaster risk reduction and mitigation. It further recognized that disaster reduction activities have to be based on more attentive participatory approaches involving branches and local communities. As a result of this approach, RCST has become a part of the DIPECHO project for 2004-2005. The plan is to continue capacity building through better planning and training programmes.

The RCST also began to use the results of a vulnerability capacity assessment (VCA) to develop mitigation programmes, decrease potential loss of life and property, as well as improve the organizational system, consistency among other programmes, information flows and decision making necessary to plan both risk reduction and disaster response programmes. Concurrently, based on the findings of the VCA, the RCST has developed its own database system that will harmonize National Society disaster preparedness activities.

In 2005, the focus will be on improved disaster management based on past achievements and lessons learnt. Emphasis will be on enhancing the skills and capabilities of the Red Crescent staff and community volunteers by organizing 69 community disaster response teams in six rayons of Sughd oblast and in four rayons of Khatlon oblast. These efforts will be supported by simulation exercises and competitions. An awareness campaign, integrated with other RC programmes, will target 50,000 families and schoolchildren via printing posters, booklets and brochures. Awareness will also be increased through poster campaign competitions in schools throughout the country.

In terms of mitigation, a good example was tree planting project in Kurgan-Tube. Based on this, 1,000 mulberry and 400 apple trees were planted on the slope of the Noverik village, which was prone to land slides and floods and each family took responsibility for irrigating a certain number of trees. This has contributed to the local economy as the villagers are selling the fruits of the trees.

#### RCST disaster response between 1996 and 2003

Year	No. of disasters	No. of affected people	No. of houses destroyed	No. of beneficiaries received assistance from the RCST.
1996	12	48700	245	35000
1997	21	61000	158	51000
1998	40	115000	433	85000
1999	23	44065	27	35000
2000	16	6863	260	2352
2001	20	123900	178	12760
2002	36	13501	520	9762
2003	20	3813	278	3250

The phasing out of the Red Crescent Society's food programme is underway. The supplementary food distributions and soup kitchen programme in the major urban centres has gradually decreased from 75,000 beneficiaries in 1995 to 17,500 beneficiaries. However, the Red Crescent Society of Tajikistan is intending to continue supplementary food assistance for destitute elderly, bedridden and disabled population of Dushanbe, because of the slow economic recovery.

The public canteens' programme, which was assisting the urban poor, especially the elderly without family support by providing hot meals three times a week, stopped in June 2004 due to financial constraints. Under a new proposal, 610 beneficiaries were to be provided with food parcels once a month through eight social centres from June to November 2004. Since March 2003, the RCST has developed a plan to find funding opportunities from local donors and from its own income generating activities to make the programme self-sustainable in 2005 for the same number of beneficiaries.

#### Goal

Vulnerability of population in Tajikistan towards disasters has reduced. [Please click here to go to the project logframe](#)

#### Objective

RCST's capacity to respond to future disasters has improved through a consolidated disaster preparedness and response approach by enhancing the active involvement of the communities.

**Expected results**

- Communities frequently affected by emergencies have enhanced their capacities to counter effects of disasters.
- The effects and threats of landslides and floods in the most vulnerable mountainous areas are reduced through the implementation of eight mitigation micro projects.
- Daily nutritional needs of 17,500 beneficiaries are met and 610 elderly people become less vulnerable to malnutrition through provision of food parcels.

**3. Organizational Development** *Please click here to return to the title page***Background and achievements**

In its effort to become effective and sustainable in responding to the needs of the country's most vulnerable communities, the RCST is adjusting its work according to changing realities and capacities. Over recent years it is shifting from relief to development oriented approach.

Branches have more ownership and responsibilities in programme planning and management, which was not the case previously. It is well demonstrated in the activities of some of the branches that are already implementing integrated programmes, such as: community-based health promotion and first aid, water and sanitation projects and, to some extent, disaster management and mitigation, where communities were involved in tree planting as well as in river bank reinforcement.

RCST initiated in 2002 a process of adopting new statutes and structure with a clear division of governance and management. It was the first among four other Central Asia national societies to introduce a financial management system that is compatible with international systems to increase transparency.

In 2005, the focus will be on practical steps to follow up amendments to the Statutes, starting with headquarters, which include the revision of management structures with a focus on separating governance and management.

Among the many organisational barriers preventing better support to communities was a lack of: strategic thinking and planning; community ownership of projects; fundraising capacity and consequent donor dependency; effective use of resources; coordination between programmes; and procedures for recruiting and retaining volunteers.

Despite the RCST's poor involvement in and integration of organisational development initiatives at all levels, the situation changed considerably in 2004. But a need for reform in management structures and consequent devolution of authority towards departments, programme managers and heads of branches still exists. In general, progress has been achieved but still more should be done.

**Revision of statutes and structures**

A revision process plan was developed in October 2002, as was a new organisation scheme, with a division of governance and management. Since then, four commissions have been set up and the national society's plenum has adopted the plan and approved the commissions. A first progress report was submitted in October 2003. In 2004, the first draft including all motions from national society primary organisations has been finalised.<sup>2</sup> New statutes, after Federation/ICRC consideration, are expected to be adopted by the end of 2005 - early 2006.

**Branch development**

As well as volunteer development, branches are being assisted to better assess and, consequently, assist communities via training in the use of vulnerability and capacity assessments (VCA) and community based programming (CBP). In 2003, 16 Red Crescent district (rayon) branches were supported to conduct VCA. Based on the results, 10 branches developed and implemented community-based projects after training volunteers and local leaders. During 2004, remaining regions were assisted in VCA and the planning of 22 community-based projects.

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<sup>2</sup> A primary organization is the basis of the RCST. It could be formed from three or more RC members. It could also include volunteers as well. Primary organizations are at the grass-root level of the NS



**The Ganchi district branch office before the renovation**



**The Ganchi district branch office after the renovation**

The process of renovating branch offices or constructing new ones was initiated in 2003. In total, 26 branches were assisted in the renovation of their premises owned by RCST and eight were built. Similar support will be provided in 2005.

### **Fundraising, financial management and logistics development**

Fundraising and financial management remains a major concern. Attempts to increase and diversify the funding base have failed. External assistance is still crucial but there is a clear recognition of the need to change the national society's focus and methods of fundraising. A fundraising policy has been discussed with the leadership. A fundraising strategy and guidebook were due to be developed by the end of 2003, but this was delayed due to a huge work related to the national society priority to revise the statutes. Opportunities for improving local fundraising will hopefully arise through the community based projects. However, their success also depends on raising funds locally in the first place. As more international companies establish in Tajikistan, possibilities for seeking partners and sponsors will arise. A framework for working with this new type of partner is still needed to avoid problems concerning misuse of the emblem and the Red Crescent's name. The NS identifies this issue as priority for 2005. The national legislation could contribute to better cooperation with these potential partners when the Law on the Tajik Red Crescent Society is adopted by the National Parliament (in late 2004 or in early 2005).

Logistically, the national society still needs support in procurement, warehousing and fleet management. During 2004, trainings at headquarters were held in addition to coaching from the Federation logistics department to improve standards. In 2005, the focus will be shifted to regions/oblasts branches.

### **Volunteering**

The Red Crescent has strengthened the role of volunteers and is working towards improvement of volunteer management. In 2001, it adopted a volunteering policy, which was revised during the management meeting in 2004 and then shared with all national society chairpersons and coordinators. In 2002, the Red Crescent Volunteer Management Handbook was developed and is now in use in almost all regional branches. It encourages volunteers to take a greater role in community support. This approach increases impact, as volunteers know better the needs and opportunities of the communities that they live and work in.

The number of registered Red Crescent volunteers is 4,901, of which 533 are youth volunteers organised in 45 youth groups. In addition, there are also 4,911 Red Crescent members.

Despite this progress, there is still a lot to do for volunteers to be more involved in programmes planning and implementation. There is still resistance at branch level over giving volunteers a leading role in work with communities. This requires further enhancing the role of the volunteers so that trained and experienced volunteers are retained.

### **Youth**

Young people are one of the most powerful agents of change in the Red Crescent and civil society at large. They also represent the future and are the key resource that will determine the effectiveness of the national society's

support to vulnerable communities. Most Red Crescent volunteers are young and are already active in different programmes. The status of youth is still not legally approved by the governing body (Plenum), although two youth volunteers have become members of this governing body in 2003. The status of youth will be identified in the revised national society statutes, incorporating the resolution of the 2003 Youth Forum and results of the youth commission organised by recommendation of the RCST leadership.

Red Crescent youth is currently involved in all national society core programmes. They play a particularly important role in HIV/AIDS-peer education and drug awareness activities in Tajikistan's five provinces because of their access to at-risk groups and understanding of many of the issues involved.

There is more to be done to involve young people in decision-making activities as well as making programmes more focused on the needs of vulnerable youth in the community. Assessments and community based programme planning, expanded to the whole country in 2004, has provided valuable experience to learn from.

### **Visibility and promotion of fundamental principles and humanitarian values**

The visibility of the Red Crescent and its work has increased. The 2005 organisational development programme is directed to continuation of this progress. In Tajikistan these issues include access to fresh water, safe environment, health related issues and discrimination for whatever reason.

The importance of a strong voice and presence, both locally and internationally, can be seen around the success of past events such as International Red Cross Red Crescent Day, which put the issue of humanity firmly in the spotlight. In addition, advocacy work – with the help of media, poster and leaflet campaigns – is helping to encourage a more tolerant and caring environment for people living with HIV/AIDS and TB. This approach benefits from the existing Federation global action to reduce discrimination.

A communications policy in this area has been developed and is being discussed by the Red Crescent's leadership as the organisation seeks to build on progress. The policy aims to strengthen the national society's information work with other organisations and media and will remain as a priority for 2005.

The policy was not ratified by the Presidium in April 2003 and was sent back for revision according to recommendations. The anti-discrimination initiative, started in 2002, will also be continued.

### **Goal**

The RCST has become a well-functioning national society, effectively and efficiently rendering services to the vulnerable of the country. [Please click here to go to the project logframe](#)

### **Objective**

By the end of 2005, RCST capacity in working with the vulnerable will be increased through the process of organizational changes.

### **Expected Results**

- The Red Crescent has shifted to the new structure with clear division of governance and management contributing to effective programme and branch management.
- Systems and procedures aimed at development of human resources, management, financial managements and logistics at all levels has improved leading to a 5% increase of volunteers and members in the branches, efficient use of staff, finances, warehouses and the NS fleet, and improved procurement procedures saving time and money for the RCST. Financial sustainability is improved through development and adoption of a financial development plan that includes a fundraising strategy.
- The public awareness of the Red Crescent, locally as well as on a regional and republican levels, has increased via greater visibility and credibility
- The capacity of the regional and local branches in assessing vulnerability and capacity in the local communities and needs based programming has increased.
- RCST capacity in working with the vulnerable has increased through functioning of the improved youth programme at all levels. [Please click here to go to the project logframe](#)

## 4. Federation Coordination

### Background and achievements

The Federation has been active in Tajikistan since 1994 supporting the national society in its work with vulnerable people. The structure of this assistance has evolved to adapt to new circumstances and changing conditions and priorities within the republic and the Red Crescent Society of Tajikistan.

Initially, Federation engagement was channelled through its regional delegation in Almaty. In May 1996 the country delegation was set up to provide closer interaction to achieve better national society development. The Dushanbe delegation now comprises four delegates working in the Federation's core areas – disaster management and health and care – as well as support services. Since June 2002 Tajikistan has reported to the Almaty regional delegation as it seeks to add a regional (knowledge sharing) dimension to its national society support. The two delegations work closely and, depending on the needs, share resources. Since December 2002 a finance/administration delegate has supported both delegations.

2004 was the first year of the Federation's Strategic Direction Plan 2+2. Accordingly, relief activities have decreased and more focus is on capacity building of the national society and community based programming in disaster management and health and water sanitation. This is intended to continue through 2005.

Good relations with the Red Crescent Society of Tajikistan continue, especially at headquarters and regional level. There is a need to work more closely with branches and the delegation is progressing in this direction. Regular coordination/management meetings for all levels of leadership have been introduced. Topics have included governance/management, integrity, accountability, decentralisation, the Red Cross Red Crescent fundamental principles and humanitarian values.

Currently more than a dozen partner national societies are funding Red Crescent programmes either through the Federation or bilaterally and the number is on the increase. The Federation has a vital role in coordinating the assistance to ensure the needs of vulnerable people are met in an appropriate way (see section "Red Cross and Red Crescent Priorities"). The delegation has provided support services and advice on how partner societies can best engage in changing the focus of the Red Crescent from relief to development. The strategic direction 2+2 plan acknowledges the need for long-term and community-based commitments as well as the transition from relief to development. Effective support of this process will depend on transparency among all components of the Movement.

The Federation as a whole, together with the RCST, is recognized as an important humanitarian actor in the country and plays a significant coordination role among partners. This is important, as there is a big in-country presence of international organisations and UN agencies. Regular exchange among these organizations has enabled better understanding and avoidance of duplication of activities.

### Goal

Effective assistance is provided to the Red Crescent Society of Tajikistan to develop into a better functioning national society.

### Objective

The Federation has facilitated better coordination between the Red Crescent Society of Tajikistan and partners both within and external to the Movement.

### Expected Results

- Federation coordination contributes to improved and transparent communications among all partners, resulting in effective use of resources and more focused programmes.
- The Red Crescent Society of Tajikistan, the Federation and the International Red Cross/Red Crescent Movement's profile in Tajikistan is strengthened resulting in further programme support from donors.
- The operational capacity of Red Crescent Society of Tajikistan is strengthened through quality financial, material and technical support from the Federation delegation.

## 5. International Representation and Advocacy

### Background and achievements

The Federation Delegation's main role, apart from coordination and building the capacity of Red Crescent Society of Tajikistan, is to represent its global membership. Where possible, this activity is aligned to the needs of the national society to raise its profile with governments, international forums, the media and other influential actors and bodies.

Federation work with the Red Crescent has included assistance towards the development of national society representational capacity and advocacy on various issues on behalf of vulnerable people both locally and internationally. This has, for example, included the building of a productive relationship with the President of the Republic, the UNDP Resident Representative, and many elements of government and civil society. In a country such as Tajikistan, where there are numerous organisations active in the humanitarian field, it is vital for the Federation to represent and promote the policies and work of the Movement and the national society. Together with the RCST the Federation will continue this role in 2005.

The national society, as an auxiliary to the government, has the opportunity to engage with the various government authorities to promote its humanitarian work and issues and to define the Red Crescent's role domestically. The Federation will continue to support the national society in these efforts. A Red Crescent Law has to be agreed at the national level and the delegation is engaged in this process. Revision of national society statutes also continues to be supported.

Events to mark World Red Cross/Red Crescent day, World TB day, World AIDS day, World First Aid day are among the many occasions that raise the profile of the national society and its work with vulnerable communities.

### Goal

The national society and Federation better represent the work of the International Red Cross and Red Crescent Movement and continue to provide a strong voice and presence among influential forums on behalf of vulnerable people and the issues that affect them.

### Objective

By the end of 2005, the profile of the Red Crescent Society of Tajikistan and the International Red Cross and Red Crescent Movement is stronger through Federation national and international advocacy that particularly strengthens government relations and awareness of the humanitarian responsibility of the authorities.

### Expected Results

- Partnerships with other organisations are strengthened and increased in number, benefiting the national society and its programmes.
- Networking with the government, UN agencies, NGOs and other stakeholders is increased through better coordination and exchange of information.
- Advocacy materials, drawing from community assessments, are produced and influence the authorities and various partners and organisations in their approach to humanitarian work
- Government relations are strengthened leading to a reinforcement of the Red Crescent's role and mandate enshrined in a RC Law and new national society statutes.

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*All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct (For details, please go to the website at <http://www.ifrc.org/publicat/conduct/>) and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project. (For details, please go to the website at <http://www.sphereproject.org/>)*

*This appeal reflects a range of programmes to be implemented in 2005, and the related funding requirements. These are based upon a broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products (logframes) are available through hyperlinks in the text or can be requested through the respective regional department at the secretariat in Geneva. The programmes were developed with the relevant national societies, taking account of the activities of other organisations. The programmes also respect and support the wish of all countries and international organisations to achieve the UN Millennium Development Goals. (For details, please go to the website at: <http://www.un.org/millenniumgoals/>)*

*For further information on all aspects of the Federation, please go to the Federation's official web page at <http://www.ifrc.org>*

***[Please click here to return to the title page](#)***

# BUDGET SUMMARY

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA074

Name: Tajikistan

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	170,925	0	33,267	0	0	204,191
Clothing & textiles	639	30,340	0	1,061	0	0	32,040
Food	13,112	593,811	0	256	0	0	607,178
Seeds & plants	0	14,050	0	128	0	0	14,177
Water & Sanitation	188,182	0	0	0	0	0	188,181
Medical & first aid	98,061	38,273	0	128	0	0	136,461
Teaching materials	47,204	0	0	2,214	0	0	49,418
Utensils & tools	1,727	53,169	0	153	0	0	55,049
Other relief supplies	18,393	12,992	0	3,000	0	0	34,384
<b>SUPPLIES</b>	<b>367,318</b>	<b>913,560</b>	<b>0</b>	<b>40,207</b>	<b>0</b>	<b>0</b>	<b>1,321,084</b>
Land & Buildings	0	0	0	3,836	0	0	3,835
Vehicles	0	12,785	0	3,000	0	0	15,785
Computers & telecom	14,054	819	0	3,748	0	0	18,620
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	1,821	3,023	0	0	0	0	4,843
<b>CAPITAL EXPENSES</b>	<b>15,875</b>	<b>16,627</b>	<b>0</b>	<b>10,584</b>	<b>0</b>	<b>0</b>	<b>43,084</b>
Warehouse & Distribution	12,658	63,844	0	0	0	0	76,502
Transport & Vehicules	190,205	83,955	0	31,174	0	0	305,334
<b>TRANSPORT &amp; STORAGE</b>	<b>202,863</b>	<b>147,799</b>	<b>0</b>	<b>31,174</b>	<b>0</b>	<b>0</b>	<b>381,836</b>
Programme Support	85,364	120,726	0	32,500	0	0	238,589
<b>PROGRAMME SUPPORT</b>	<b>85,364</b>	<b>120,726</b>	<b>0</b>	<b>32,500</b>	<b>0</b>	<b>0</b>	<b>238,589</b>
Personnel-delegates	210,350	342,119	0	148,876	0	0	701,344
Personnel-national staff	212,582	122,121	0	61,687	0	0	396,390
Consultants	0	0	0	0	0	0	0
<b>PERSONNEL</b>	<b>422,932</b>	<b>464,240</b>	<b>0</b>	<b>210,563</b>	<b>0</b>	<b>0</b>	<b>1,097,735</b>
W/shops & Training	61,884	34,861	0	75,850	0	0	172,595
<b>WORKSHOPS &amp; TRAINING</b>	<b>61,884</b>	<b>34,861</b>	<b>0</b>	<b>75,850</b>	<b>0</b>	<b>0</b>	<b>172,595</b>
Travel & related expenses	19,170	1,545	0	8,329	0	0	29,044
Information	50,907	74,136	0	46,206	0	0	171,249
Other General costs	86,973	83,831	0	44,586	0	0	215,389
<b>GENERAL EXPENSES</b>	<b>157,050</b>	<b>159,512</b>	<b>0</b>	<b>99,121</b>	<b>0</b>	<b>0</b>	<b>415,683</b>
<b>TOTAL BUDGET:</b>	<b>1,313,286</b>	<b>1,857,325</b>	<b>0</b>	<b>499,999</b>	<b>0</b>	<b>0</b>	<b>3,670,610</b>