

Annual report



International Federation
of Red Cross and Red Crescent Societies

Central Asia (Focus on Tajikistan)

Appeal No. MAA70001

30 April 2009

This report covers the period 1 January to 31
December 2008



Water committees mobilized their community members to
trench the main water piping.

E. Lyapina / Red Crescent Society of Tajikistan

In brief

Programme purpose: The programmes supported by the International Federation of Red Cross and Red Crescent Societies in Tajikistan are aligned with the Global Agenda goals to reduce the number of deaths, injuries, and impact from disasters; to reduce the number of deaths, illnesses and impact from diseases and public health emergencies; to increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability; and to reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Programme summary:

In the field of disaster management, the National Society with support from the International Federation implemented community-based disaster preparedness programmes raising the awareness and building the skills of communities to be better prepared for disasters, risk reduction projects in eight communities, and enhanced the disaster preparedness and response capacity of its disaster management centres and branch offices through refreshment workshops, simulation exercises and replenishing of stock.

In health and care the focus was on HIV prevention, harm reduction, health education sessions for the population including TB patients and TB contacts¹, and improving the access of the population to pure drinking water and sanitation.

Within organizational development, the National Society's progress in implementing the new

¹ Family members, friends and neighbours of TB patients.

statutes was evaluated and the recommendations were incorporated in the plan for 2009-2010. The *National Society Development Strategy 2008-2012*, the result of a two-year process, together with a plan of action was approved in February 2008 by the society's governing board.

Financial situation: The total 2008 budget for Central Asia (MAA70001) is CHF 6,354,122, of which 85 per cent covered. Expenditure overall was 83 per cent versus funding. The appeal budget increased in the second half of the year to incorporate additional activities under the drug demand reduction project in Turkmenistan and under the organizational development programme in Tajikistan. Some funds have been carried over to 2009 in line with the donor funding timeframes, which makes the annual budget implementation rate appear lower. The total 2008 budget for the programmes run in Tajikistan is CHF 1,562,961 (USD 1,296,320 or EUR 1,009,895), of which 90 per cent covered. Expenditure overall was 77 per cent against the budget and 86 per cent against the funding received. The contribution from the Norwegian Red Cross arrived in October 2008, and implementation will therefore continue in 2009.

[Click here to go directly to the attached financial report.](#)

No. of people we help: In total, 242,360 people in Tajikistan benefited directly from the International Federation supported programmes in 2008.

Annual Report 2008 – Tajikistan	
Programme	People reached
Health and care	79,000 (HIV prevention), 29,900 (TB)
Water and sanitation	14,345
Organizational Development	280 (National Society headquarters and branch staff)
Youth	13,330
Disaster management	105,505
Total number of people reached	242,360

Our partners: The Red Crescent Society of Tajikistan continued its close collaboration with partners within the International Red Cross and Red Crescent Movement. The International Federation's appeal for Tajikistan was supported by the Finnish Red Cross, Norwegian Red Cross, and Swedish Red Cross and the UK's Department for International Development (DFID).

Partners outside the Movement also include the Global Fund to Fight AIDS, Tuberculosis and Malaria, Project HOPE, the Ministry of Health (Republican TB Centre), the National Coordination TB Council, the Republican AIDS Centre, the Centre for Healthy Lifestyle, UNAIDS, Drug Demand Reduction Program, CAPACITY and the local NGO Guli Surkh.

Context

Some 115 natural disasters, including a vicious cold wave that exacerbated harsh living conditions, and several mid-scale earthquakes, landslides, floods and mudslides, avalanches, winds and locust invasion, blighted Tajikistan in 2008. Some 18 people were killed and an estimated 1,200,000 affected according to the State Committee of Emergency Situations.

The Tajikistan Red Crescent responded to 70 out of the 155 disasters by providing food and non-food items and rendering first aid to 6,232 affected families, or some 31,160 people. The assistance was provided with additional funding released from the International Federation's Disaster Relief Emergency Fund (DREF), through an emergency appeal, the donation received from the Islamic Development Bank and the National Society's pre-positioned stock. *To see the appeal and reports please click here:* <http://www.ifrc.org/where/appeals/allappeals/asp>

The International Federation, in line with its commitment within the Humanitarian Reform coordinated the shelter and non-food items cluster in the period of March–May 2008 as part of the response to the

cold winter and energy crisis in Tajikistan. This was the first cluster coordination work conducted in Europe since the cluster coordination has been agreed globally.

The government of Tajikistan introduced electricity rationing one month earlier this year than usual, in September. The electricity rationing resulted in the supply of daily electricity being reduced to nine hours. The measures introduced sought to save water and energy resources for winter. It certainly affected the Red Crescent's planned activities; some of them had to be postponed for two months.

The vulnerability of the population further increased due to consumer prices rising by 30.7 per cent in the year to 1 November, according to the CIS Interstate Committee for Statistics. To assess what impact the price rise on food and non-food items, fuel and social services had on the traditional Red Crescent beneficiaries the Tajikistan Red Crescent and the International Federation's country representation initiated an assessment in the autumn. The assessment targeted female-headed households and elderly people living alone in five areas of Districts of Direct Rule (DDR) and explored people's coping mechanisms. The second round of assessment is expected to be held by mid-April 2009. The main findings were:

- i) Purchasing power of 69 per cent of assessed households decreased.
- ii) Households significantly reduced their consumption of animal products and other nutrient-rich food items such as fruits, vegetables and pulses.
- iii) In some cases health expenditures were cut down – 7 per cent of assessed people took their children out of school as they could not afford purchasing school supplies.

This means that the support coming from the Red Crescent will be even more important for the vulnerable population in the country.

Progress towards outcomes

Disaster Management

Outcome: Vulnerability of communities in disaster-prone areas reduced from the impact of disasters through disaster risk awareness and capacity building.

Achievements: Along with the emergency operations in response to the cold wave and the energy crisis, the Red Crescent Society of Tajikistan has followed its 2008 plan of action. The disaster preparedness of the communities in high-risk areas has been strengthened through community-based disaster preparedness and risk reduction activities. The vulnerability of communities to disasters has reduced as a result of increasing people's awareness via public awareness information materials, conducting contests, competitions and educational campaigns.

Community-based disaster preparedness

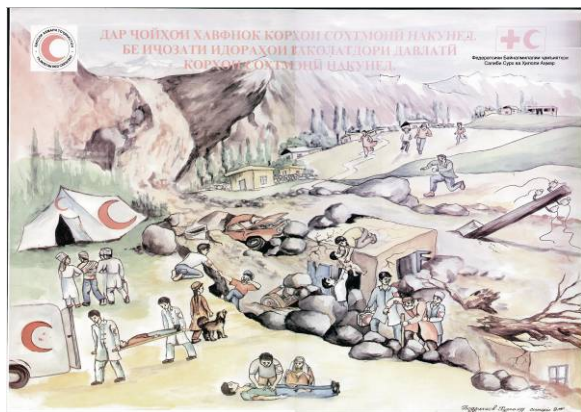
The Red Crescent Society implemented community-based disaster preparedness programmes in 40 administrative centres, thus covering 40 communities in the Rasht valley and the Kurgan tube region of Khatlon province. A total of 26,800 people benefited from various disaster preparedness and response capacity building, awareness-raising activities and skills development trainings. The programme established 40 new local disaster committees on the basis of the Red Crescent primary organizations in the targeted locations. Comprising of Red Crescent volunteers and community members, the committees were trained and equipped with the necessary basic disaster response tools.

Risk reduction projects

Eight mitigation projects in tree planting, mudflow flume cleaning and riverbank reinforcement were implemented in Gissar, Tavildara, Nurabad, Rasht and Tojikobod districts (DRD), covering eight communities. These projects aimed to reduce the risk of flooding and mudflows for 15,688 vulnerable people. These projects that involved the targeted communities' members, including schoolchildren, in

the implementation are expected to be sustainable; the responsibility for the projects' further maintenance is laid with the respective community leaders. This was a condition laid out in the multilateral agreements signed between the Red Crescent branches and heads of jamoats².

School Education Project



themes (5,000).

The project that aimed at increasing the communities' awareness on disaster risks and building their first-aid knowledge through children and young people was implemented in Dushanbe city, Rudaky district, Kurgan tube region and Rasht valley covering 80 schools. Schoolteachers trained in disaster preparedness, response and first aid passed on their knowledge to schoolchildren during lessons included in the curriculum. Children were also provided with different materials to raise their awareness including brochures for junior schoolchildren (5,000), brochures for teachers-instructors (180), a leaflet "ABC in Disasters" (5,000), and coloring books on disaster preparedness

The traditional thematic poster competition among schoolchildren was carried out and the two best posters were printed and distributed among schoolchildren.

Constraints or Challenges: The Tajikistan Red Crescent had to postpone some of its disaster management activities for a month to focus on the cold wave response operation.

Outcome: Vulnerability of communities to deaths and injuries from road accidents in Tajikistan reduced through information dissemination.

Achievements: The joint project of the Red Crescent Society and the traffic police department of the internal ministry included five three-day workshops on first aid for 100 driving school students in Dushanbe city. The National Society first-aid trainers taught the students how to render first aid in case of emergencies and road accidents.

Schoolchildren of Dushanbe city received road safety leaflets (3,000) and sets (1,000) of 11 posters with different road safety messages designed in close cooperation with the traffic police.

Outcome: Capacity of National Society in disaster preparedness and response strengthened through increased skills and knowledge of Red Crescent staff and volunteers, strengthened financial and technical resources, effective mechanisms for emergency response and recovery assistance.

Achievements: The National Society's disaster management department continued strengthening its capacity to respond to potential disasters through trained and equipped disaster response centres, serving as information and resource centres in normal times and as emergency response operation centres during disasters. The disaster response mechanisms and tools were established. A memorandum of cooperation between the National Society and the State Committee of Emergency Situations and Civil Defense (CoES) was re-signed with minor revisions. The document outlines the Tajikistan Red Crescent's specific role in the disaster management system of the country. Some rules of safe access concept were added to the Red Crescent contingency plan.

The annual evaluation of the response capacity of all 10 Red Crescent disaster management centres held from January to March revealed the urgent need for refresher courses for disaster response team (DRT) members, replenishment of stock in all the centres, including DRT's uniform and response equipment. The results of the evaluation were discussed carefully with the Tajikistan Red

² The lowest administrative unit, comprising several villages

Crescent disaster management coordinators at a meeting in mid-June. The evaluation follow-up plan was developed and shared with the participating National Societies working in the country.

As part of the above follow-up plan, the National Society enhanced the disaster preparedness and response capacity of its disaster management centres and branch offices through:

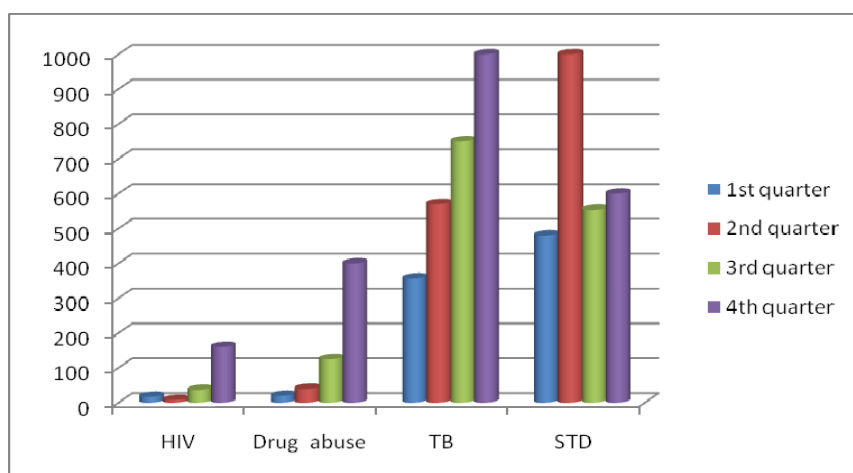
- Replenishment of disaster preparedness stock. The stock items were procured through funds from the annual appeal; some were replenished from the *Tajikistan: Cold wave* emergency appeal. The Red Crescent disaster preparedness stock at 10 disaster management centres includes non-food items for 290 families.
- Provision of two four-wheel drive vehicles for the Sughd province and Ishakashim district, one computer for the National Society headquarters' disaster management department and construction of the disaster preparedness warehouse in Rasht valley enabled the Red Crescent national disaster response teams (NDRTs) to respond to disasters timely and more effectively.
- Three disaster management refresher workshops (5 days each) for 69 disaster preparedness officers from all Red Crescent branches to improve assessment, coordination and reporting skills.
- Practical disaster response simulation exercises of all ten NDRTs on the Tajikistan Red Crescent contingency plan scenario jointly with CoES' branches and LDCs. Simulation exercises included Sphere project minimum standards and safe access.

Health and Care

Outcome: Vulnerability to HIV infection and its impact reduced through preventing further infection, expanding support to people living with HIV (PLHIV) and reducing stigma and discrimination.

Achievements: Around 79,000 people in Sughd province and Kulyab region were reached by the HIV prevention programme through public awareness-raising campaigns, meetings, discussions, trust point and outreach work. The campaigns on health and hygiene awareness were carried out by 83 trained Red Crescent volunteers and 3 outreach workers. Out of all people at the age of 15-24 targeted in Chkalovsk and Gafurov districts, Sughd province, 77 per cent could list correctly the possible ways of HIV sexual transmission and rejected major misconceptions about HIV transmission.

The monitoring of the epidemiological situation in selected communities of the five mountainous areas in Sughd province revealed a growing tendency towards referrals in 2008. This tendency demonstrates a change in the general population's attitude towards their own health. The data is taken from the primary health facilities of the respective communities.



Graph 1 – Number of referrals in five communities in 2008. (Source: primary health facilities)

The harm reduction project was implemented as planned. The 39 clients of the trust point in Gorno-Badakhshan Autonomous Oblast (GBO) were offered psychological support, first aid for vein

abscess and overdose; and were examined by medical specialists. About 14,200 syringes were distributed and the average syringe exchange rate was 67.8 per cent.

Semi-structured interviews with injecting drug users (IDU), who are the Red Crescent trust point clients, found that 60 per cent of them apply HIV preventive actions and 90 per cent do not share syringes. One IDU gave up using drugs. Three IDUs were sent to HIV testing.

Constraints or Challenges: The programme managed to implement only 30 per cent of the planned activities because of low coverage. Thus the number of project sites reduced and such important monitoring activities as a survey on sexual behaviour among IDUs and sex workers and a post-test on preventive measures among young people in Kulyab region were cancelled.

Outcome: Vulnerability to Tuberculosis and its impact reduced through preventing further infection, rendering social support to TB patients, reducing stigma and discrimination and integrating with HIV prevention.

Achievements: The planned trainings for 21 doctors and 60 nurses and refresher courses/ trainings for 40 doctors and 47 nurses of primary healthcare institutions were conducted.

The TB case detection in Wakhdad district reached 46 per cent against the WHO international standard of 70 per cent. Treatment success rate was 78 per cent. 70 per cent of SS+ cases³ are cured against the WHO international standard of 85 per cent.

The Red Crescent Society scaled up its community mobilization initiatives for an additional 50 villages by establishing a village development committee in each of these villages. Trained Red Crescent community volunteers (190) conducted health education sessions (2,078) for the population (13,192) including TB patients (204) and TB contacts. The information-educational materials on TB were distributed to people of Wakhdad district during health education sessions along with posters on TB later placed in primary healthcare facilities, mosques and schools.

Constraints or Challenges: The seasonal labour migration of trained community volunteers and trained Ministry of Health staff to Russia and other countries present a challenge. This required additional efforts, both in terms of time and expenses, to additionally train the newly selected community volunteers and Ministry of Health staff. The number of volunteers that had to be replaced was as high as 52.

The Red Crescent had difficulties accessing the remote mountainous villages to encourage TB screening and to carry out health education sessions, also because of heavy snowfall. Due to severe winter conditions and electricity cuts off in the beginning of the year the trainings for volunteers started with delay – in spring.

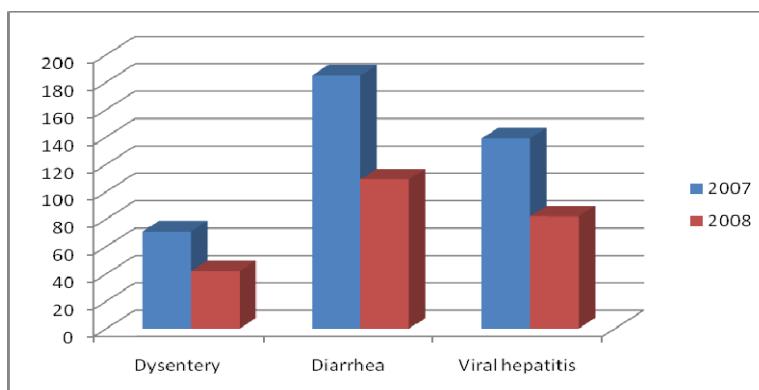
Outcome: Access to safe water and sanitation services improved in Tajikistan.

Achievements: The participatory hygiene and sanitation transformation (PHAST) trainings were held in 16 villages of Direct Rule Districts (DRDs) and Sughd province. Some 165 volunteers from the community representing various strata of the society, such as schoolteachers, doctors, housewives and local officials were trained. They transferred the knowledge of sanitary-hygiene practices to their village fellows throughout the second half of the year. The PHAST trainings aim at community involvement in the entire project cycle, starting with its design and finishing with its implementation. At the initial stage, these trainings help communities to identify the inner problems affecting their life, to find possible solutions and to plan the actions tackling these problems.

³ SS+ cases = two or more initial sputum smear examinations positive for Acid-Fast Bacilli (AFB)

Some 14,220 people (3,413 men, 3,840 women and 6,967 children under 18) in Sughd province and DRD got access to safe drinking water through constructed spring water supply systems and water main laying from the spring up to villages. This involved community mobilization when low cost technology is utilized.

The population's access to pure drinking water and improved sanitation not only improved the social and living conditions of the households but also decreased the level of infectious water-borne diseases. The analysis of the diseases incidence in five villages of two districts (Sughd province) before and after the projects over 2007-2008 shows the decrease of infectious water-borne diseases by 41 per cent on average. The data on any infectious diseases in certain villages is obtained at respective primary health facilities.



Graph 2 – Number of infectious water-borne diseases in 2007-2008. (Source: primary health facilities)

Moreover, the school attendance rate in targeted areas increased, as children now do not need to bring water by animal-drawn transport. In winter time the injury rate among children and women reduced as a water tap is now located no further than 500 metres away. The participatory hygiene and sanitation transformation trainings continued to increase the knowledge about hygiene and to change in a positive way the rural people's sanitation/hygiene practices.

Constraints or Challenges: Due to incomplete coverage of the 2008 appeal the number of people actually reached is only 59 per cent of the target number.

Outcome: Health status of the targeted population in communities is improved through disease prevention, healthy lifestyle promotion, reduction of trauma and education on applying first-aid skills.

Achievements: A *community-based first-aid programme* initially supported by the International Federation's secretariat is being implemented in all five regions of Tajikistan with the bilateral support of the Netherlands Red Cross, funded through the European Community for the period of January 2007 to December 2009.

In order to avoid duplication, the International Federation decided to focus more on TB and HIV activities. Still, there are areas in the Rasht Valley, the region targeted by the annual appeal 2008-2009, that are not covered by the Netherlands Red Cross. The list of these places was rechecked during discussions with the Tajikistan Red Crescent health and care programme staff at headquarters and branch levels. The planned community-based first-aid activities are expected to be carried out in 2009.

Capacity Development

Outcome: National Society increased its capacities through the development of human, financial and material resources at headquarters and branch levels.

Achievements: The Tajikistan National Society's governing board approved the *National Society Development Strategy 2008-2012* in February 2008, slightly modified after discussions at the fourth partnership meeting, and shared with all of the National Society partners.

Pursuant to a request from the Tajikistan Red Crescent Society's president, and in order to build capacities and provide knowledge to new staff, an *induction course* for 25 newcomers took place in April. The course provided information on the Movement and programmes being implemented globally, in the region, and in Tajikistan, the Movement's strategic documents, human resource and financial management and the role of the International Committee of the Red Cross (ICRC).

Technical facilitators for the course, the *first to be* organized in the Central Asian region, were drawn from the International Federation's representations across the Europe zone, but also from Russian speaking National Societies. The ICRC country office and participating National Societies present in Tajikistan- the Finnish and the Netherlands Red Cross Societies- took an active part in the course.

The progress in implementing the new statutes – with governance and management responsibilities divided – was evaluated externally in April, as part of the regional organizational development programme evaluation. The leadership of the National Society accepted the recommendations, which were incorporated into the plan for 2009-2010. As a follow up, the organization chart along with job descriptions of chairpersons/ secretary generals of provincial, regional and district branches of the National Society were revised according to the new statutes.

The first external financial audit in the history of the Red Crescent Society of Tajikistan, conducted in January 2007, supported by the Finnish, Netherlands, Swedish and Norwegian Red Cross Societies and the International Federation, resulted in a number of recommendations to improve the financial management of the National Society. Soon after the audit report was released, the leadership of the National Society changed and also the chief of the finance department left the society. During this transition period the National Society had a challenge identifying a new, competent chief of finance. Consequently, the implementation of the audit recommendations was postponed for nearly a year. However, at the end of October 2008 the Red Crescent Society of Tajikistan finally identified a new chief of finance and the efforts on improving the financial systems will be revived.

Following the plan of action on the external audit recommendations the National Society headquarters was provided with the additional module for the accounting programme. The Dushanbe city and Sughd province Red Crescent branches obtained separate project bank accounts. This will strengthen financial management and fund-raising increasing significantly the number of beneficiaries served.

In November 2008, the National Society headquarters started the development of its human resource policy.

Constraints or Challenges: Although the International Federation secretariat supported the Red Crescent Society with new Cooperation Agreement Strategy (CAS) guidelines, not much was achieved in this respect, due mainly to the extensive internal reshuffling of staff and resignation of the Red Crescent's president in September. A draft CAS document is expected to be produced in 2009.

An annual audit was not done in 2008, due to the extensive internal reshuffling of senior staff at the National Society headquarters, and the consequent loss of institutional memory and changed priorities. At the end of the year, the preparations started for the next audit scheduled for the first half of 2009.

Outcome: National Society mobilized capacities of local communities applying the participatory community development approach at branch level.

Achievements: The International Federation and the Finnish Red Cross agreed to replicate the participatory community development (PCD) experience in other branches and to expand the coverage of the vulnerable communities to support them in addressing their own urgent needs. To follow a systematic approach to the National Society programming, two trainings on PCD, participatory rapid appraisal (PRA) and vulnerability and capacity assessment (VCA) were held in the selected branches. The National Society will enter into the delivery stage in 2009 when the projects designed through the PCD approach can be implemented with Federation secretariat support.

Constraints or Challenges: Branch level staff turnover remained high.

Outcome: Youth has expanded the range and improved the quality of its services.

Achievements: The integration of the Red Crescent *youth movement structure* into all programmes manifested itself in a number of country-wide events to mark the International Red Cross Red Crescent Day, the World TB Day and the Tajik National Youth Day. Young volunteers were heavily involved in HIV and AIDS, sexually transmitted infections (STIs), drug abuse and HIV/TB co-infection educational campaigns in April-May in Kulyab, Kurgan tube and GBAO that covered 13,330 people.



The International Day against Drug Abuse is marked in Jomi district, Kurgan-Tube Zone. **Photo: Aynidinov / Red Crescent Society of Tajikistan**

The network of Red Crescent youth centres in Khorog town, Shugnan and Gonchi districts continued providing services in English language and computer training for young people (90) from poor families; internet and copying services for some 850 people.

Constraints or Challenges: The work on improving the volunteer record system continued throughout the year. Projects for the vulnerable population with youth involvement are planned to be implemented in 2009.

Principles and Values

Outcome: Fundamental Principles and Humanitarian Values of the Movement promoted.

Achievements: The actions conducted in provincial, district and town branches to celebrate the World Red Cross Red Crescent Day disseminated Red Crescent messages to some 20,000 people; but its subsequent media coverage targeted around 100,000 people. The state media in particular enabled an increase in the rural population coverage because of their unique access to remote rural locations, where primary beneficiaries live.

Diversity and non-discrimination elements were integrated into other Tajikistan Red Crescent programmes, like health and care, disaster management and organizational development at all levels.

Constraints or Challenges: Training of newly hired staff and volunteers to disseminate the Movement's principles and values will be implemented in 2009.

Outcome: Ability of communities to combat discrimination, intolerance and violence and to promote respect for diversity enhanced.

Achievements: Discrimination and intolerance topics were discussed during various seminars, meetings and three round tables with mass media representatives, youth leaders of educational institutions and local authorities.

Constraints or Challenges: Programmes related to diversity and non-discrimination were not implemented due to the lack of funding.

Outcome: The image and profile of the Tajikistan Red Crescent Society improved.

Achievements: Around 1 million people were informed of Tajikistan Red Crescent activities through electronic and printed mass media. The upgraded web-site (www.rcst.tj) numbered more than 545,566 visitors. A series of articles, broadcasts and press releases portrayed the work carried out by the staff and volunteers in various sectors. Stories by the Red Crescent Society on the progress of the DREF-funded and the emergency appeal operations were placed at the International Federation's public web-site (www.ifrc.org).

Constraints or Challenges: Limited access to internet at district level restricts the capacity of the National Society to disseminate up-to-date information about its activities to wider populations.

Working in partnership

The Red Crescent Society of Tajikistan and the International Federation's country representation are members of the technical working group on TB, HIV and AIDS of the national coordination committee on these diseases in Tajikistan. (For more information visit: www.aids.tj.) Partnerships are in place with other organizations like the Global Fund to Fight AIDS, Tuberculosis and Malaria, Project HOPE, the Ministry of Health (Republican TB Centre), the National Coordination TB Council, the Republican AIDS Centre, the Centre for Healthy Lifestyle, UNAIDS, Drug Demand Reduction Program, CAPACITY and the local NGO Guli Surkh.

The activities on TB/DOTS implementation, including TB case detection, improving monitoring, treatment observation, adoption of TB/HIV co-infection strategy and initiation of the DOTS Plus strategy⁴ in the country were coordinated with other players, like Project HOPE, Project Sino, Agha Khan foundation, Zdrav plus and Healthy Life Style Center. This was done through quarterly meetings of the coordination council under the health ministry.

The Tajikistan Red Crescent distributed non-food humanitarian assistance from the American Lutheran World Relief organization worth of 850,000 US dollars to TB patients and their families in Wakhdad district. The aid targeted also primary healthcare facilities, community volunteers and village development committee members, Wakhdad TB Center, Republican TB Hospital, and Republican Children's TB Hospital.

The food aid under the TB project was coordinated with the UN World Food Program (WFP). Totally 205 TB patients and their family members, altogether 957 people, received food – flour, oil, salt, and pulses – according to the agreement with WFP signed in 2008.

Local governments and communities are closely collaborating with the National Society on all its programmes in terms of initiating some relevant activities and supporting with available technical and human resources.

⁴ *The DOTS-Plus concept includes the five tenets of the DOTS strategy and additionally takes into account specific issues that need to be addressed in areas where multi-drug resistant (MDR) TB is a problem. The goal of DOTS-Plus is to prevent further development and spread of MDR-TB*

The overall supervision of the TB project was handed over to the International Federation's country representation after the American Red Cross had completed its bilateral activity with the Tajikistan Red Crescent in August 2008.

The National Society remains one of the key members of the disaster management system of the country. It coordinates its activities with Rapid Emergency Assessment and Coordination Team (REACT) partners and related government agencies on a regular basis for effective disaster response and risk management activities according to the signed agreement.

Contributing to longer-term impact

The HIV prevention programme component contributes to holding back the spread of HIV in Tajikistan, thereby, to achieving the MDG 6 on combating HIV and AIDS, malaria and other diseases, goals 2 and 4 of the International Federation's Global Agenda, which is also in line with the Poverty Reduction Strategy of Tajikistan for the period 2007-2009 and the priorities of the National AIDS Control Programme in Tajikistan for 2007-2010 adopted by the government.

The Lots Quality Assurance Sampling (LQAS) methodology has been applied in monitoring to determine and compare the knowledge, attitude and practice of the general population, TB patients and health providers, to measure the progress of the TB project. The methodology was introduced with support from the Finnish Red Cross. The process included the introductory training of the Tajikistan Red Crescent TB project staff and enumerators in LQAS methodology, use of LQAS sampling, identification of interview locations, adaptation of questionnaires and interviewing techniques. Two teams of trained interviewers comprising of the TB project staff and respective National Society branch office staff with previous experience in field surveying (questioning, coding and compiling questionnaires) have already visited one jamoat. The community ownership of the results is assured through the involvement of the Red Crescent community volunteers and/or village development committee members.

The TB project is addressing gender equality at different levels. At institutional level almost 80 per cent of the National Society community mobilizers are female. The diagram below divides volunteers trained since the TB project started by gender.

Diagram 1 - TB project volunteers' proportion by gender



The water committees usually comprising of 5-10 people – community leaders, activists and Red Crescent volunteers – are fully responsible for keeping the spring water systems in working condition. Women-members of these committees are very active in mobilizing their communities for project activities. Water committees' accumulative fund is to be utilized for the maintenance of spring water systems in future thus assuring project sustainability.

The communities' contribution to the construction of the spring water supply systems increased from 20 per cent to 50 per cent, which proves their interest and ensures their ownership. Money saved because of that is then used for other target villages with lower capacity.

The safe water access project followed the Sphere project minimum standards. The construction does not start unless the results of water microbial analysis in the target village correspond to the State Sanitary Epidemiological Service standards.

Community mobilization under the water and sanitation projects directly contributed to the National Strategy on Poverty Reduction and to MDG 7 and indirectly to MDG 4 and 5.

Coordination and Management

The position of Federation country representative remained vacant throughout the year despite significant efforts to identify a suitable candidate. Language skills, extensive organisational development and disaster management knowledge and experience were among the most important criteria for the candidate. The Tajikistan country representation staff worked to cover the absence of a country representative, especially the acting country representative, supported by the regional representation for Central Asia and the Europe zone office. This situation changed as of the beginning of 2009, when a country representative was hired.

Looking ahead

The Red Crescent Society of Tajikistan is integrating its programmes and decentralizing activities from the headquarters to the branches. Attention will be focussing on building its capacities and on community-based programming in the fields of disaster management, health and water and sanitation. Programme implementation and management responsibilities are being taken over by the National Society's regional coordinators and staff at branch level, coordinated by the respective departments at the headquarters.

In the coming years, the Red Crescent will continue its policy of building the capacity of its branches so that they work efficiently with the vulnerable communities, while also attracting motivated volunteers to implement the programmes and to disseminate key Red Crescent messages. The common support concept guiding the different partners within the country is to help the National Society in alleviating the suffering of vulnerable populations. In this regard, the partner's programmes are tailored to developing the capacity of the National Society to deliver effective services.

However, the problems in the country are expanding day-to-day. To meet them, the National Society is looking for sustainable development and to play an important auxiliary role in support of the government. The leadership of the National Society is establishing partnership links with various organizations and the government to demonstrate its existing capacity and established network throughout the country.

The National Society is committed to developing its financial management mechanisms, human resource management systems, good and effective governance and management processes in accordance with the recommendations given by recent evaluations. As additional support, the National Society has applied to the Intensified Capacity Building (ICB) Fund to build the strategic capacity of the National Society leadership and its staff.

In line with the International Federation's governance support, the National Society will further work on elaborating and enforcing the Red Crescent Society Law. This was highlighted as a priority by the leadership of the society at a leadership forum in Kyrgyzstan in 2008. The strategic plan of the National Society envisages developing a plan of action to advocate in front of the government.

Moreover, the National Society is scaling up its activities in HIV. The intention of the society is to join the next round of preparations to join the HIV Global Alliance for Europe.

All the activities which could not be implemented in 2008 will continue into 2009, in addition to those planned for 2009.

Poor school attendance by senior school girls in rural areas due to social norms is attracting the efforts of local authorities and the international community present in the country. In this respect,

activities under the HIV prevention programme, which include sexual and reproductive issues, will be more focused on women and young people in the rural communities.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
<p>For further information specifically related to this report, please contact:</p> <ul style="list-style-type: none"> • In the Red Crescent Society of Tajikistan: Zafar Muhabbatov, Secretary General, Dushanbe, email: rcstj01@mail.ru, phone: + 992372 24 03 74, fax: + 992372 24 53 78 • In the Country Representation for Tajikistan: Eric Michel-Sellier, Country Representative, email: eric.michellsellier@ifrc.org, phone: + 992372 244296 or 245981, fax: +992372 248520 • In the Regional Representation for Central Asia: Drina Karahasanovic, Regional Representative, Almaty, email drina.karahasanovic@ifrc.org; phone: +7727 291 41 56; fax: +7727 291 42 67 	