

Appeal 2001-2002



International Federation
of Red Cross and Red Crescent Societies

TAJIKISTAN (Appeal 01.63/2001)

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

	<i>In CHF</i>
1. Disaster Response	2,116,184
2. Disaster Preparedness	1,132,503
3. Health and Care	1,743,320
4. Institutional & Resource Development	382,267
5. Coordination & Management	987,504
	6,361,778



Introduction

National Context

Tajikistan, independent since 1991, remains the poorest of all the former Soviet republics. With a population of six million living in a country of high alpine topography, where only 6 per cent of the land is arable, Tajikistan traditionally relied on inputs of fuel, capital, equipment, subsidies, and expertise from the rest of the Soviet Union. The severance of this link, coupled with the social and economic disruption caused by a civil war between 1992 and 1994, had a drastic effect on the welfare of the country's population. The war itself exacted a high cost - 60,000 were killed, 55,000 children orphaned, and close to a million people internally displaced or driven into exile, while damage is estimated at USD seven billion.

A political settlement was reached in 1997 between the previously warring factions, and the peace process is advancing and the situation has somewhat stabilized over the past year. A side-effect of the war, and the growth of the illicit drug trade was rampant escalation in the crime rate. Crimes involving firearms doubled in number between 1994 and 1997, while assaults increased by 30 per cent and organized and other types of group crime by 10 per cent.

In this challenging context, the prospects for social and economic development are poor. Although economic reforms slowed the decline in annual Gross Domestic Product, the prospects for the near future are not promising. Between 1996 and 1997 the annual rate of inflation quadrupled to 260 per cent, and in 1998 the economy was buffeted by the repercussions of the Russian financial crisis, which drove many Tajik migrant workers to return from Russia to their troubled homeland. The official unemployment rate continues its upward trend, and inflation erodes the purchasing power of those lucky enough to be in work. The high average population growth (3 per cent) will put mounting pressure on the country's limited resources. Tajikistan's extreme vulnerability to natural disasters (earthquakes, floods, and landslides in particular) will pose a continuing threat to urban and rural populations already subject to intense social and economic pressures. The severe drought hitting the country in 2000 has further exacerbated the vulnerability of the poor population.

Tajikistan's Human Development Index ranking dropped steadily year by year and over 80% of the population is living below the poverty line. Life expectancy is also falling, with over 11 per cent of the population dying before the age of forty. Particularly hard-hit are isolated elderly persons previously dependent on government pensions, female-headed households (single motherhood is on the rise), and the disabled. In addition, natural disasters, stagnant domestic trade, and fluctuating fuel and food prices force large segments of the population into seasonal poverty.

National Society Context

The Red Crescent Society of Tajikistan (RCST), in common with other National Societies (NSs) in the former Soviet Union, is emerging from a period when it was extremely hierarchically organized, dominated by the government, oriented towards the health sector, and dependent upon government subsidies for its financial viability. The collapse of the Soviet Union had a dramatic impact on the NS, pushing it close to bankruptcy in the mid-1990s and depriving it of essential support and resources. Although at present it still has 75 full-time employees throughout the country, with 21 working at the headquarters in the capital, Dushanbe, its material base is inadequate, some branches not even having offices and the RCST vehicle fleet being generally old and in poor condition.

Since 1991, and especially since the establishment of a permanent Federation presence in Tajikistan in 1994, the RCST has been exposed to a wide variety of programme initiatives, including disaster preparedness and response, a range of relief programmes targeting the most vulnerable, community based first aid, income generation, and institutional development.

Because of the frequency of natural disasters in Tajikistan, and the rapid increase in the number of vulnerable people generated by infrastructural collapse and political conflict, RCST participation in Federation programmes over the last five years has been mainly in the realm of disaster impact assessment, beneficiary selection and registration, and relief distribution and monitoring. These areas have been *de facto* prioritized at the expense of less pressing issues such as volunteer recruitment and training, branch development, institutional development, and income generation. Thus, while the RCST has by now extensive experience in relief and social welfare programmes, working in close cooperation with the Federation country delegation, this has taken place in the context of an underlying organizational weakness which is only now being addressed by institutional development and disaster preparedness programmes. The Federation is reviewing its own structure in order to provide the best possible transition of programme responsibility to the RCST given the existing and evolving capacity.

The RCST has declared a clear shift "from relief to development", while prioritizing the following areas for attention: enhancement of its capacities in all areas of disaster preparedness and response, and the administration and monitoring of general relief programmes; volunteer recruitment (including youth programmes) and branch development; and institutional strengthening, including diversification of methods to achieve financial sustainability. To a certain extent, this prioritization reflects the regional issues highlighted by NS from the Commonwealth of Independent States during their meeting at Almaty in December 1996, incorporated into the "Almaty Declaration". During 2000, however, a lot of work has been done looking at NS key priorities during the ID/RD Review. These areas for development will be followed up in 2001-2002.

Priority Programmes for Federation assistance

To support the Red Crescent Society of Tajikistan, the Federation will focus on:

- **Disaster Response:** reducing the overall vulnerability of the populations most affected by the deteriorating economic conditions in the country.
- **Disaster Preparedness:** enhancing the National Society's disaster preparedness capacity to enable it to play a key role both in disaster preparedness and disaster response, as an auxiliary to the authorities. Also, to reduce the risk of landslides in the most vulnerable areas of Gorno-Badakhshan Autonomous oblast.
- **Health and Care:** assisting the Ministry of Health to prevent the collapse of the health care system and thus to ensure the accessibility of basic health care to the population of Tajikistan. Also, to develop the capacities of the NS to assist in the battle against the severe increase of TB and to improve the health of the country's population by providing access to safe potable water and by introducing modern hygiene principles and practices.
- **Institutional Development:** following up on the recommendations from the ID/RD Review, further strengthening of its overall structures and capabilities, enhancing its ability and capacity to respond to the needs of the most vulnerable within the framework and guidelines of *Strategy 2010*.

- **Coordination and Management:** To continue strengthening the capacity of the Red Crescent Society of Tajikistan to respond to both rapid-onset disasters and structural poverty, through its increasing involvement in Federation-assisted relief and social welfare activities, as well as targeted training programmes.

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1. Disaster Response

- **Food assistance to the vulnerable in Tajikistan**
- **Public Canteens programme**

Background and progress to date

Food assistance to the vulnerable in Tajikistan

According to the UN Development Programme's Human Development Index (1999), 80 per cent of Tajikistan's population has an income below the level of the minimum consumption basket, whereas 71 per cent of each household's income is spent on food. The country's current high inflation and the continuing economic crisis had a dramatic impact on the population. This is particularly apparent in urban areas, where many people live without any financial resources, and with no possibility of growing their own food. Pensions are extremely low, the minimum being USD 1.8 per month, which is equivalent to twenty loaves of bread.

The lack of welfare support from the government, the lack of family support to persons unable to provide for themselves, and the continuing shortfall in locally grown wheat, which is the main staple food, combined with ongoing internal tensions, contributes to the degrading of living conditions.

In summer 2000, the third consecutive year of extremely low rainfall and reduced snowfall has brought severe drought in the country, with around three million people expected to be directly affected, and two million of them possibly facing a critical food shortage.

The country's poor economy, the lack of coping mechanisms by the population, and, finally, the emerging disaster related to drought, all prove the need for some form of food assistance for Tajikistan will remain, or even increase, in the coming two years.

The Red Crescent Society of Tajikistan (RCST) was involved in food distribution programmes for several years. With its network of branches and volunteers active down at the grassroots level, it was able to successfully carry out distribution of food aid in all areas of Tajikistan. With the Federation's assistance, some aspects of the National Society's expertise were particularly strengthened, mainly in terms of beneficiary selection, monitoring of programme implementation, and logistics and warehousing. The food assistance mostly consisted of distribution of free food, assistance to patients in psychiatric hospitals, and the food security component. The latter started in 1999, as a three-year programme to assist the 10,000 families selected, out of those who were given access by the government to small plots of arable land. They were assisted with supplementary food, seeds and fertilizers in the first year, food and fertilizers in the second year, and only fertilizers in the third year.

The European Community Humanitarian Office (ECHO), being the main donor for the ongoing food-assistance programme of the RCST and the Federation, carried out an assessment of its global funding plan for Central Asia. The decision was made to gradually decrease its financial support, so to pull out by the end of a two to three year period. These global funding trends forced the RCST and the Federation to reduce activities in 2000-2001 by approximately 50 per cent compared to the previous year, in spite of the growing needs for this type of programme in the country. It was decided to concentrate mostly on the most vulnerable living in urban areas and not having access to the benefits of land cultivation.

For the above reasons, this programme proposal reflects activities for the year 2001 only. It is, however, estimated that the programme will continue throughout 2002, with possible reductions in scope, which will be agreed upon in cooperation with ECHO during 2001. This programme will also depend on the support provided to the drought relief operation which at present is a separate emergency appeal and is expected to continue into 2001.

Public Canteens

In response to growing socio-economic problems in Tajikistan, the Federation is seeking partners to provide food commodities for the public canteens, in order to continue the assistance to the most vulnerable, assisting those in the community who are already suffering from the extremes of deprivation. This is becoming increasingly urgent with the worst of the winter approaching.

Concurrently, and in an effort to address broader issues of food shortages arising from the catastrophic harvest, the RCST and the Federation launched an emergency appeal on 19 September 2000, seeking funds to assist 250,000 people in the Khatlon *oblast*, in the south of the country, and in the Leninabad *oblast*, in the north, with food and seeds. Water and sanitation activities are included in this operation, in order to provide the targeted population with safe drinking water and prevent the spread of waterborne diseases, especially diarrhoea and typhoid. Public health awareness campaigns will further add to the containment of diseases and promotion of healthy lifestyle in local communities.

The RCST now plays a key role in beneficiary identification, monitoring, and implementation of programmes, although under the close supervision of the Federation's delegation. Through continual operational involvement, the programme will contribute towards increased development, financial management, logistics and programme planning capacities of the RCST.

The next two years of the programme will focus on rationalizing the number of staff employed in the public canteens by recruiting volunteers to assist the project. The target ratio to be established during 2001 is 50/50. In addition, ongoing negotiations will continue with the local authorities, encouraging their increased support to the canteens, with a provision of food commodities to RCST for the programme. The aim is to gradually reduce the dependency on external assistance.

The main partners to RCST and the Federation in this programme are the local *hukhumats*. Their role became increasingly important as they contribute the facilities which accommodate the soup kitchens, pay the utility bills, and in some regions, provide in-kind contributions to the canteens. The strategy of 2001-2002 programme is to encourage *hukhumats* to further increase their support by providing food commodities to all fifteen soup kitchens.

Goal(s)

- **Food assistance to the vulnerable in Tajikistan:** To reduce the overall vulnerability of the population most affected by the deteriorating economic conditions in the country, by providing them with supplementary feeding and with fertilizers for agricultural production.
- **Public Canteens:** To reduce the increased vulnerability of the urban population, resulting from the recent devastating drought, through provision of one hot meal per day to approximately 6,000 beneficiaries in 15 public canteens in the Dushanbe area, Kurgen-Tube and Khodjent.

Objectives and Activities planned

Food assistance to the vulnerable in Tajikistan

Objective 1 to distribute free food to 25,000 people in the *rayons* of October, Central, Railway, and Frunze in two allocations over a ten-month period. To achieve this the RCST, in cooperation with the local authorities, identified 25,000 most vulnerable amongst the isolated elderly and families without any source of income. A total of 1,530 metric tons of wheat flour, vegetable oil, and iodized salt will be procured by the Federation in Europe, due to the shortage of food in the Central Asia region. Distribution will be planned by the RCST and carried out in two phases in four Dushanbe *rayons*: Frunze, Central, Railway and October. Each beneficiary will receive a parcel consisting of 25 kg of wheat flour, 4.6 kg of oil and 1 kg of salt.

Objective 2 to distribute agricultural inputs to 10,000 identified beneficiaries in the rural *rayons* of Leninsky, Tursunzade and Sakhrinav. To achieve this the RCST, in cooperation with the local authorities, identified 10,000 families among those who were allocated plots of arable land by the authorities, in the *rayons* of Leninsky, Tursunzade and Sakhrinav. A total of 200 MT of fertilizer will be procured regionally by the Federation's regional delegation for Central Asia, in Almaty. Distribution will be carried out by the RCST. Each beneficiary will receive 20 kg of fertilizer.

Objective 3 to continue strengthening the capacities of the RCST, through its involvement in various aspects of the operation, gradually transferring to it knowledge and expertise. To achieve this the Federation will organize regular workshops for RCST staff and volunteers on distribution planning, beneficiary selection, monitoring and

logistics and warehousing. The RCST will closely cooperate with the local authorities on all aspects of the operation's planning and implementation. This will raise the visibility of the national society on the national level and strengthen its role as a leading humanitarian agency in the country.

Public Canteens

Objective 1 to provide supplementary food of good nutritional value to approximately 6,000 vulnerable elderly persons and street children in urban areas during 2001 and 2002. To achieve this the beneficiary lists will be prepared, monitored and adjusted by programme managers of the RCST, ensuring the inclusion of the most vulnerable elderly persons and street children in the project. Food commodities for 6,000 beneficiaries will be secured, and preparation and distribution of food carried out through the public canteens' network. Each canteen will serve 132 beneficiaries, and carry out a delivery-service to four to eight people unable to come themselves. Beneficiaries will receive a hot meal three days a week, which brings the total number of meals per week to 5,940 for all 15 canteens.

Objective 2 to further build on the existing administrative and logistical capacities of the RCST, through its continued involvement in the management of the project. To achieve this the national society will be directly in charge of managing the whole project. Support, guidance and monitoring will be provided by the Federation's delegation, to ensure the development of RCST capacities and expertise and learning from the ongoing experience. Efforts will be made to enhance sustainability of the RCST in securing the funding necessary for the continuous running of the canteens in the coming year.

Expected Results

Food assistance to the vulnerable in Tajikistan

A total of 25,000 isolated elderly and families with no source of income will be provided food (wheat flour, oil and salt) through two allocations in four Dushanbe *rayons*. A total of 10,000 families will receive fertilizers in three rural *rayons*. Staff of the RCST will be provided training.

Public Canteens

Up to 6,000 vulnerable elderly in the north and west of the country will receive three hot meals per week (depending upon the location) in a convivial social setting during 2001 and 2002. Support for the project will be maintained and increased by the local *hukhumats*.

Indicators

Food assistance to the vulnerable in Tajikistan

Nutritional status of beneficiaries in urban areas improved. Food security enabled for households in rural areas. Increased knowledge of relief programme management by RCST staff. RCST gradually taking over management of relief operations, building its disaster response and preparedness capacity to the level of self-sustainability.

Public Canteens

Appropriate nutritional status of especially vulnerable beneficiaries maintained, reducing the risk of health deterioration. Increased logistics and material support from local authorities for the project. Strengthened programme management capacities of the national society.

Monitoring and Evaluation arrangements

Food assistance to the vulnerable in Tajikistan

A pre-distribution and post-distribution monitoring system was set up. Random visits are carried out to beneficiary's homes to ensure their appropriate selection. Where needed, beneficiaries will be removed from or added to the distribution list during the course of the programme. Post-distribution monitoring will be carried out after each distribution to assure whether the food distributed actually reached the intended beneficiaries and to identify ways of improving future distributions.

An evaluation of the programme is planned in the second half of 2001. This will be done jointly by the national society and the Federation. Based on the post-distribution monitoring results, an overall evaluation will be determined at this time with regards to nutritional value, and the contribution the programme made with regards to supplementing the beneficiaries' food resources.

Public Canteens

The canteen programme manager at the RCST will continue to carry out daily monitoring of the canteens and frequent tours of the locations where canteens are operational. The local authorities will visit the canteens in their jurisdiction to check on hygiene standards and on the standard of the meals provided. The management at the RCST headquarters will supervise the reporting by the programme manager, and headquarters staff will conduct regular random visits to the canteens. Monthly reports on the implementation of the project by the RCST will be reviewed by the programme coordinator and finance delegate attached to the Federation in Tajikistan. The Federation's programme coordinator will carry out random visits to the canteens.

An internal evaluation of the programme will be carried out no later than June 2001, and an external evaluation completed no later than June 2002.

Critical assumptions

- No dramatic deterioration of the political and security situation in Tajikistan.
- Continuous donor support to the programme.
- Continuation of the high level of participation and commitment to the programme by the RCST.
- Continuing support to the programmes from the local authorities and the population at large..

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2. Disaster Preparedness

- **Disaster Preparedness: Red Crescent Society of Tajikistan**
- **Disaster Mitigation: Gorno-Badakhshan Autonomous Oblast (GBAO)**

Background and progress to date

Disaster Preparedness of the Red Crescent Society of Tajikistan

Tajikistan is one of the most disaster prone countries in the world, at risk from both man made and natural disasters. It is exposed to significant risk of earthquakes, floods, and landslides, and high risk of a nuclear accident. At present the country is experiencing its worst drought situation in 74 years. Mass population movement also represents a real and substantial risk to this region which is struggling to recover from the economic collapse of the Soviet Union and ensuing civil war, and more recently from the results of catastrophic harvests.

The 500 metre-deep lake Sarez in the Gorno Badakhshan Autonomous Oblast (GBAO), created by tectonic movements near the Murgab river, has a natural dam of rocks and mud some 60 m in height. Experts say that there is a potential for this dam to break, which could cause the largest flooding ever experienced, possibly reaching as far as the Aral Sea in Uzbekistan, as well as Turkmenistan and Afghanistan. A number of non-governmental and other organisations are active in this area, implementing small-scale programmes to build the early warning system in the region. Another high disaster-risk area is the Norak lake, some 60 km south-east from the capital Dushanbe, which has one of the highest hydroelectric dams in the world (370m) built on seismically unstable ground.

In the former Soviet Union, the military was responsible for disaster preparedness and response, but after its demise, civilian authorities were given much of this responsibility. These authorities have often lacked financial resources, and the cohesive co-ordination required for efficient logistics.

The Red Crescent Society of Tajikistan (RCST) has extensive experience in dealing with emergencies. Many of its 69 branches throughout the country were involved in supporting the displaced population during the civil war of 1993, and in returning displaced families since its independence. Also, they have responded to floods and landslides, and support a significant number of beneficiaries of soup kitchens within various urban centres of the country.

Through its grassroots presence, the RCST can effectively service the needs of people during the times of crisis and help surpass numerous logistical shortcomings of the country, such as poor transportation and communication means, especially taking into consideration that affected communities are likely to be in some of the remotest and economically impoverished areas.

In 1996, the International Federation's regional delegation in Almaty initiated a regional disaster preparedness programme, with a general objective of assisting National Societies to strengthen their stocks of relief goods and to maximise the potential of their human resources through development of localised DP training materials, implementation of a systematic training programme for NS personnel and government emergency service staff. These initiatives have gone a long way to achieving sound organization. Moreover, they have resulted in positive changes in emphasis within the RCST, and state emergency apparatus who recognise and greatly value the importance of disaster preparedness and mitigation programmes. However, there remains a clear need to maintain this momentum by supporting these structures, thus further improving operational strengths of the national society.

Disaster Mitigation in the Gorno-Badakhshan Autonomous Oblast (GBAO)

Gorno-Badakhshan Autonomous Oblast (GBAO) is an isolated mountainous region with an estimated population of 210,000, covering approximately 45 per cent of the total country's territory located in the eastern half of Tajikistan, the majority of which has an altitude of over 3,000 metres.

With its specific geographical configuration, the GBAO is a highly disaster prone region, under frequent high risks of mudslides, landslides and avalanches. This poorest region lacks industry and natural resources, and has a severely deteriorated infrastructure. The only regional production relies on small-scale agricultural outputs, insufficient to meet the needs of its population. Only approximately 7 per cent of land is arable, producing about 15 per cent of its basic food requirements.

In order to make the most of their arable land, the villages situated in narrow valleys and on higher steeper ground, have irrigation systems which were built during Soviet times. These irrigation systems were constructed by digging the ground and throughout the years received virtually no maintenance. These canals provided villages with unlimited quantities of water, which over the years caused systematic leakage into the ground, gradually destabilizing the soil and causing land erosion, often leading to sudden landslides. In some locations, the leaked water would often corrupt the soil of the houses situated below the canals, making them unsafe for habitation, due to a danger of sudden collapse.

These problems present a serious risk to land and properties of large segments of the population, potentially causing their migration to other parts of GBAO, a region already overpopulated, with an economy unable to provide enough food for its needs, due to a lack of sufficient arable land.

As part of their humanitarian mandate, the Red Cross Society of Tajikistan (RCST) effectively responded to natural disasters in the past years, providing the most affected population with food and non-food emergency items. As part of its primary mandate in strengthening the capacities of the national society, the Federation has been supporting the NS in the areas of developing the operational guidelines, minimum contingency stocks, logistical and warehousing systems, training of volunteers, communication networks, and other.

The National Society's *oblast* branch of GBAO covers almost one half of the country, with its headquarters in Khorog, as well as a network of offices in seven rayons. As part of the countrywide strategy, seven main regional DP centres were established, each maintaining a contingency stock of non-food emergency items, managed by local DP coordinators. One such centre is located in Khorog, with further DP stocks positioned in warehouses located in seven *rayons*, ready to be distributed in response to future disasters.

In addition to DP capacities, the GBAO branch was actively involved in risk-reduction activities, through identifying the areas of possible future disasters caused by inadequate utilization of natural resources, due to deteriorating infrastructures.

The main local partner to RCST in the area of disaster preparedness is the local State Emergency Committee (SEC). The leading DP international organization operating in GBAO is the FOCUS Humanitarian Assistance (USA), who piloted the reconstruction of irrigation canal project in Tusijon village, as well as the *Early Warning Signs Project* in the Sarez lake area. Several local NGOs are also operating in DP activities, including *Man and Nature* and *Kuhiston*, who both participated in disaster mitigation projects in the GBAO. The RCST regularly participates in meetings and seminars concerning the potential disasters in GBAO.

Goal(s)

- ***Disaster Preparedness of the RCST*** - to enhance the disaster preparedness capacity of the Red Crescent Society of Tajikistan through training, and material and technical inputs, to enable it to play a key role both in disaster preparedness and disaster response, as an auxiliary to the authorities.
- ***Disaster Mitigation in GBAO*** - to reduce the risk of landslides in the most vulnerable areas of GBAO through landslide slope stabilization.

Objectives and Activities planned

Disaster Preparedness of the RCST

Objective 1 to enhance the disaster response capacity of the RCST by placing adequate relief stocks and equipment in seven of the National Society's regional DP warehouses. To achieve this relief commodities for up to 2,500 people, including plastic sheeting, household items, agricultural tools, and hygiene supplies, will be procured locally and/or regionally, according to standard Federation procedures. The supplies will be distributed to the seven regional DP centres positioned in strategic locations. One vehicle and one computer will be donated to each of the seven centres, in order to facilitate their daily work and proper control of stock.

Objective 2 to assist the RCST in maintaining the operational capacity of three emergency water treatment units, and building up specialized health emergency stocks, increasing its capacity to respond to possible outbreaks of diseases such as typhoid, cholera, anthrax, brucellosis and haemorrhagic fever. To achieve this: essential diagnostic tools for the specified contagious diseases will be procured; the planning will be done in close cooperation with the Ministry of Health, and other agencies active in the field of health; an emergency stock of hygiene articles will be procured and distributed to hospitals, to assist them in preparing for any eventual disease outbreaks; refresher courses will be organized for RCST staff in maintaining the operational capacity of three emergency water treatment units, for their quick deployment and use in case of emergency.

Objective 3 to assist the RCST in improving its radio communications and emergency early warning systems, by supplying it with the necessary radio-equipment at strategically selected locations. The RCST regional HF-radio communications network will be extended, and additional equipment provided, as per the assessment made jointly by the national society and the Federation. Extensive training will be organized for the RCST staff on how to operate the radio equipment and refresher courses will be organized periodically.

Objective 4 to assist the local communities in the areas of the Sarez and Norak lakes in building up early warning systems, through the provision of radio-communication equipment, and public awareness campaigns, in liaison with other organizations' initiatives. To achieve this, in close cooperation with the non-governmental organisation FOCUS (Europe), radio-communication equipment will be purchased and placed in the villages most at risk from outflow of water from lake Sarez. The villagers will be informed of the risks from outflow of water from the Sarez and Norak lakes, as well as on the planned escape routes to higher ground in cases the alarm is raised.

Objective 5 to train the national society personnel and volunteers, and members of the local community, in disaster preparedness and prevention, including specialized training in management of health emergencies. To achieve this a series of workshops for RCST staff and volunteers, as well as the local community representatives, will be carried out, with a focus primarily on the *oblast* and *rayon* administrative levels. The topics will cover community-based first aid, as well as warehouse management, logistics, and other aspects of disaster response and preparedness. The planning and implementation of the training will be carried out by the DP department of the RCST, with assistance from the Federation's delegation in Tajikistan. The training modules developed by the Federation's regional delegation in Central Asia will be used as the main teaching tool. Twenty RCST health staff members from both the headquarters and the branches will be trained in management of health emergencies. The training will be carried out by an independent consultant, with assistance of the Federation's health coordinator. Initially, five teams of staff from the RCST and the Ministry of Emergency Situations will be trained in maintenance and operation of emergency water treatment units retained by the RCST. Refresher courses will be organized periodically, as per a determined schedule.

Objective 6 to assist the RCST in reinforcing its leading role in disaster preparedness activities in the country, through its close collaboration with peer governmental bodies. To achieve this meetings with the Ministry of Emergency Situations, as well as with other key institutional stakeholders in the field of disaster response will be organized on a regular basis, to discuss and coordinate plans and activities. This will contribute towards reinforcing the relations formulated in the recently signed agreement between the RCST and the Ministry of Emergency Situations.

Disaster Mitigation in GBAO

Objective 1 to construct new irrigation canals in selected villages, in order to prevent further corruption of soil, thus reducing the erosion of land and minimizing the risk of landslides. To achieve this villages which are presently most in need of canal reconstruction will be identified, in close cooperation between local authorities, village representatives, local RCST branches and FOCUS (USA). A detailed assessment of the condition of soil at each location will be carried out, in partnership with local technical professionals. The RCST construction engineer and the Federation field delegate will conduct a technical survey for construction of the canals. The construction work will be carried out by skilled labour, recruited in the framework of the 'food for work' programme.

Objective 2 to conduct a tree-planting campaign in operational areas, aimed towards draining excess water from the soil. To achieve this a hydrological assessment of the soil in targeted villages will be carried out, determining the level of soil dampness, to ensure successful identification of appropriate types of trees to be planted (e.g., poplar trees in the areas of high dampness and fruit trees in the areas of lower dampness). Trees will be procured

and planted at the optimum time of the year, with participation of the local communities. Trees will be protected against damage caused by domestic animals, wrapping them in a net made of locally available thorn-branches.

Objective 3 to establish a water-management structure in each village, responsible for rational utilization of water to irrigate fields. To achieve this maximum daily quantities of water required for irrigation of each household field will be calculated by a biologist. In each village, community leaders will be appointed to manage the daily flow of water released to each household, as per the needs calculated by a technical person. Support and training will be given to water canal managers, including the rational use of irrigation canals, water regulations in farming, and other related topics.

Objective 4 to conduct an intensive community based training programme focusing on the importance of rational utilization of irrigation water. To achieve this the selected RCST representatives and water canal managers (training of trainers approach) will be trained in: water management systems; maintenance of irrigation canals; the minimum/maximum quantities of water required to irrigate different types of fields; the long-term benefits of the rational use of water. The village communities will be trained on the rational usage of water, negative effects of excessive utilization, as well as the amounts required for the fields. The protection of trees will be promoted and the communities will be educated about the importance of trees in reducing the risk of landslides.

Expected results

Disaster Preparedness of the RCST

The RCST will have an enhanced capacity to respond rapidly to disasters due to the availability of well-placed stocks of relief goods and materials, along with standardized logistical and warehousing procedures. By the end of 2002, the RCST will have the basic infrastructure necessary to initiate and manage a health disaster operation, depending on its magnitude. The RCST will have an operational radio-network in all strategic areas of the country. People living around the Sarez and Norak lakes will have better means and knowledge to avoid a potential disaster caused by flooding. Through the network of highly skilled staff and volunteers, the RCST will have the capacity to respond to the disaster victims' needs in a timely manner, and in accordance with the minimum standards in disaster response. The RCST will assert itself as an organization capable of designing and implementing major disaster response services throughout the whole country, thus increasing its visibility with the governmental structures.

Disaster Mitigation in GBAO

The soil in at risk villages will be stabilized and land-erosion eradicated, providing the communities with a safer environment, and thus preventing future population migrations. The newly constructed canals will provide a long-term sustainable solution to the irrigation of fields in selected villages. The modern irrigation system will contribute towards a higher quality of agricultural produce, maintaining self-sufficiency of the population in terms of food supply. The trees planted in the target areas will drain the excess moisture from the soil, and contribute towards the elimination of the erosion problem. Moreover, the planted fruit trees will provide additional produce to the population, thus further contributing towards their nutritional well being and improving their economic status. The implementation of the water management system will contribute towards the reduction of disaster risks, as well as to successful agricultural production in selected areas. The educated communities will gain knowledge and assume direct responsibility in responsible management of their resources.

Indicators

Disaster Preparedness of the RCST

Adequate number of RCST staff trained in DP activities. Timely and appropriate response to shelter, food and health needs of disaster victims. Adequate, appropriate, emergency stocks in place for immediate response. Improved communication capabilities of the NS with disaster prone areas. Wider awareness of disaster-related issues and the National Society's role and involvement in mitigation by members of disaster-prone communities. Role of RCTS in national DP efforts reinforced with governmental authorities.

Disaster Mitigation in GBAO

Reduced soil erosion and risk of landslides in vulnerable areas of the GBAO. Improved quantity and quality of agricultural production. Increased level of knowledge about need for mitigation efforts among the local communities.

Monitoring and Evaluation arrangements

Disaster Preparedness of the RCST

Regular monitoring visits to the selected locations will be carried out by the staff of the RCST and the Federation, in order to review the storage of supplies, usage of the equipment, and assess the application of the skills gained through training on related topics. In addition to that, the level of knowledge gained at workshops will be tested, and adjustments in the training programme will be made accordingly.

The Federation's health coordinator will closely monitor the management of medical supplies by hospital staff and will assist the independent consultant in the design and implementation of workshops, and regularly test/monitor their applicability and relevance.

A mid-term internal evaluation of the DP programme will be carried out at the end of 2001. Lessons learned will serve as a basis for changes and adjustments in the following year of the programme's implementation.

Disaster Mitigation in GBAO

The Federation field delegate, together with the RCST branch team, will carry out regular visits to construction and planting sites to ensure the smooth implementation of the programme, and follow-up on any problems identified. In addition to that, a local hydrologist and biologist will supervise the appropriate management of water. The training will be closely monitored to measure its effectiveness and application.

An internal evaluation of the programme will be carried out by the autumn of 2002, involving technical experts measuring the results of the slope stabilization effort. Evaluation of community knowledge concerning the irrigation practices will be carried out no later than twelve months following completion of the training component.

Critical assumptions

- Political situation in the country will remain stable.
- There will be no major natural disasters in operational areas.
- A DP delegate with relevant experience in health programmes will be recruited.
- RCST will continue its commitment to the programme.
- The local community will develop and maintain a sense of ownership over the respective programme components.
- Donor support for the programmes in GBAO will continue.

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3. Health and Care

- **Medical Relief programme**
- **Tuberculosis pilot project**
- **Water and Sanitation programme**

Background and progress to date

Medical Relief programme

The quality of health-care services in Tajikistan, since its independence in 1991, drastically deteriorated, due to the destruction of infrastructure caused by the civil war, as well as to the poor economic state of the country. Tajikistan ranked 108th out of 174, according to the UN Development Programme's Human Development Index in 1999. This had severe implications on the population's access to proper health care. Consequently, a significant increase in communicable diseases, such as malaria, TB, HIV/AIDS, anthrax and brucellosis, was noted in recent years. According to official statistics of the Ministry of Health, the number of cases of brucellosis increased by 160 per cent, malaria by 23 per cent, and tuberculosis by 140 per cent. Contrasting climatic conditions, as well as the lack of adequate sanitary services add to a steady increase in outbreaks of diarrhoea, dysentery and waterborne diseases.

The Ministry of Health in Tajikistan does not have the means to provide medical facilities with the necessary essential medicines, medical supplies and equipment. Low salaries in the health sector cause poor efficiency, as well as a lack of trained and competent medical staff on all levels. Moreover, the health-care system, inherited from the former Soviet Union, relies to a large extent on hospital care, which creates additional pressure on the government and its highly limited ability to support it. The World Health Organization (WHO) and the World Bank, in cooperation with the government of Tajikistan, are currently undertaking a comprehensive reform of the Tajik health service structures. This process is, however, not expected to bear any immediate results, which leaves the need for increased external assistance to health institutions.

The Red Crescent Society of Tajikistan (RCST) and the International Federation have been implementing health-care activities throughout the country for several years. Activities were mainly based on supplying health institutions at all levels with basic medicines and medical equipment. In addition to that, training for health staff, as well as public health campaigns were equally important components of the health assistance programmes. The national society was particularly involved in monitoring of distribution and use of medical supplies, first aid training, and dissemination of messages related to hygiene and nutrition to health institutions, schools, and local communities.

The current RCST/Federation medical relief activities are supported by the European Community Humanitarian Office (ECHO). A general tendency in the donor community to reduce direct external assistance in the health sector, and to replace it with a primary health-care approach, which will ensure higher level of sustainability, imposed on RCST and the Federation the need to initiate a phasing-out strategy of its medical relief operation, which is expected to last two to three years. It is based on a reduction of the number of institutions assisted, exclusion of some categories of institutions, such as rural hospitals, and, finally, on a reduction of the quantity of supplies provided. Instead, the training component of the programme is being stressed, with the aim to strengthen the organizational capacity of the RCST, through its training of health staff in the usage and distribution of drugs, and in community-based first aid (CBFA). Through a more aggressive approach to health education, the national society (NS) will play a more visible and prominent role in coordination of health activities with the Ministry of Health of Tajikistan.

In order to further strengthen the operational capacity of the RCST and to enhance the integration of present projects, a health component was included in the Disaster Preparedness programme.

Through previous years' experience of implementing medical relief activities, the national society developed particular expertise in the areas of monitoring of project implementation, as well as in community-based first aid training of the health staff. Furthermore, RC staff and volunteers at the grassroots level considerably developed their skills in areas such as logistics, warehousing, relief distribution, etc. Undoubtedly, the knowledge gained through this operation is helping the national society develop its overall organizational capacity, which is one of the priorities set in the Federation's *Strategy 2010*.

Recent experience showed that more efforts need to be invested in a focused and intense management training of the RCST, in order to facilitate the necessary transition from the historical approach to management and planning to a more recent and efficient one. The training will also allow the NS to take a more active role in the planning and implementation of programmes and activities. At times, it was noticed that more attention ought to be given to the integration of ongoing projects, which are often isolated in their strategy, as well as donor-driven. Keeping in mind the strategic directions of the RCST when developing programmes will only strengthen its capacity.

Tuberculosis pilot project

Similarly to the whole region of Central Asia, Tajikistan has struggled for the past 10 years in its efforts to shift the economy and social structure of the past, towards a self-sustainable society. However, its continuously declining economy, as well as the social infrastructure destroyed by the civil war, do not leave enough space for a fast recovery. This general situation caused a near collapse of the country's health-care system, already overburdened with the heavy emphasis on hospital care. The number of health facilities could not be supported by the government's limited resources, and this imposed the necessity to shift towards a primary health-care orientation. The deteriorating health services, poor economy and living standards, brought about a significant increase in the incidence of tuberculosis (TB) in the country in recent years. According to the National TB Center of the Ministry of Health, in 1996, the incidence of TB was 32.1 over 100,000, whereas in 1998 it rose to 42.1 over 100,000. However, the official statistics are not believed to be representative of the real situation, as not all TB patients are diagnosed, due to a poor health infrastructure, nor do they all seek medical treatment. The increase of the incidence of HIV, present among the young population in the region, is contributing to the growth of the TB incidence rate.

The above situation is characteristic for all five Central Asian countries (Tajikistan, Kazakhstan, Kyrgyzstan, Uzbekistan and Turkmenistan), tied by their common past. For the above reason, the TB pilot project is prepared on the regional basis, aiming at linking the Central Asian National Societies more closely in their programmatic orientation. The Tajikistan component of the TB project should therefore be analyzed in the context of the regional initiative.

The TB project aims at developing the methodology of decreasing the defaulter rate in TB treatment by using the visiting nurses services. The lessons learned through this pilot initiative will be used to adapt the TB project so as to enhance its efficiency. The pilot project will be implemented in close cooperation with the Ministry of Health and the WHO, as well as with other organizations working to combat TB on the national and regional levels.

Water and Sanitation programme

During the Soviet regime, potable water for drinking and cooking and technical water for irrigation and industrial use was relatively plentiful as it was provided and distributed to the public and the industrial and agricultural sectors practically free of charge. This changed drastically with the collapse of the former Soviet Union and with the independence of Tajikistan, as suddenly no funds were available for the maintenance, replacement and/or upgrade of the water equipment, transportation and delivery systems. The situation worsened during and after the civil war as many water supply networks were destroyed, seriously damaged or dismantled. Since then, the water supply situation became considerably worse. The remaining functioning water supply systems, built more than twenty years ago, continued to deteriorate even further due to lack of funds for required maintenance caused by stagnating economy. The already critical situation was exacerbated even further by several years of lower than average rain and snow fall, culminating in the severe drought conditions in 2000.

Even before the civil war, less than 40 per cent of the rural population had access to good quality drinking water delivered by water pipelines. At present, this figure is less than 10 per cent because of rapid deterioration of the water supply systems and the inability of all levels of government to restore, maintain or even operate them. Therefore the population, especially in the rural areas, is compelled to use water from other sources such as irrigation canals or water ditches. This practice, combined with the fact that more than 90 per cent of the rural population has unsatisfactory sanitary facilities (e.g. inadequate or improperly located latrines), leads to increased

transmission and spread of waterborne diseases. In addition, because of the economic decline, a large portion of the rural population has a very low standard of living and has no means to purchase the basic sanitary/hygiene products or improve its hygiene or water supply conditions (e.g. building properly designed latrines or to purchase and install hand water pumps). Also, no sanitary/hygiene educational programme is conducted among the village inhabitants because of lack of funds.

The Federation and the RCST have been implementing water and sanitation programmes throughout Tajikistan for several years. The objective was to provide technical assistance to selected villages to improve the water supply and environmental sanitary conditions. The main activities comprised installation of hand water pumps in 40 villages, installation of washstands in schools and health centres in 11 *rayons*, distribution of slow sand filters in two villages, construction of latrines at primary and secondary schools in seven *rayons*, provision and installation of movable water tanks in 10 villages, and building of a natural spring catchment facility in one village. Also, training sessions on use and maintenance of hand water pumps and for the CFBA trainers were held, and seminars addressing such topics as risk awareness of waterborne diseases, personal and community hygiene and healthy life style were organized.

The only difficulty occasionally encountered was during the installation of the hand water pumps in some regions due to less than desirable geological conditions or poor water quality (e.g. high salinity or bacteriological contamination). This will be avoided in future by closer cooperation with the governmental organizations and agencies that can provide detailed geological and hydro-geological information for the targeted areas.

Goal(s)

- **Medical Relief programme:** To assist the Ministry of Health, through the provision of medical supplies, to prevent the collapse of the health care system and thus to ensure the accessibility of the basic health care to the population. While acknowledging the country's growing need for external assistance, the operation is aiming at combining the emergency relief component with a longer-term development assistance strategy, by incorporating training and awareness-raising campaigns.
- **Tuberculosis pilot project:** To develop the capacities of the RCST to assist the Ministry of Health in the battle against a severe increase of TB in Tajikistan. This will be achieved through a formulation of an efficient methodology to reduce the defaulter rate in TB treatment and to reduce the infection rate of family members by introducing them to preventive health measures.
- **Water and Sanitation programme:** To reduce the suffering and to improve the health of the country's population by providing access to safe potable water and by introducing modern hygiene principles and practices, resulting in reduced incidence of waterborne diseases.

Objectives and Activities planned

Medical Relief programme

Objective 1 to assist 180 dispensaries (*Selskaya Vratsebnaya Ambulatoria - SVA*) and 250 health posts (*Feldshersky Akushersky Punkt - FAP*) in 2001, and 90 dispensaries and 100 health posts in 2002, in the Khatlon *oblast*, with supplies of essential medicines and medical equipment. To achieve this essential drugs and medical equipment will be procured in collaboration with other agencies involved in this project, and distributed to identified dispensaries and health posts in 2001 and 2002 according to the following selection criteria: availability of medicines in the institution; type of assistance (if any) provided by other organizations; population of the area covered by a particular health institution, and its distance from other health facilities; availability of space and storage facilities in the institution; availability, number and qualifications of staff.

Thirty-two teams, composed of two monitors each, will carry out regular monthly monitoring visits to health institutions, in order to ensure the proper use of medicines and equipment, to provide advice on all related issues, as well as to disseminate preventive health messages.

Objective 2 to assist the RCST in promoting the shift to the primary health-care system, through training of medical staff and general education of the population. To achieve this each year (2001 and 2002) training will be provided for 50 physicians from dispensaries in case-management of the most common diseases and to promote rational use of drugs. Every two months a seminar for physicians will be held in cooperation with specialists from the Ministry of Health. In addition to this, each year 300 health staff from the selected dispensaries and health-posts will be trained in community-based first aid in order to strengthen the transition to a more primary health-care oriented system. Each year, the RCST will organize twenty courses (lasting three days) for 15

participants each. A total of 1,500,000 people will be exposed each year to basic preventive health messages by publishing and distributing posters, leaflets and calendars on health topics. A total of 100,000 posters will be distributed on various topics, such as TB, hygiene, malaria, etc.

Objective 3 to assist the RCST in strengthening its organizational capacity, and intensifying its cooperation with the Ministry of Health, as well as other agencies and organizations active in the field of health. To achieve this organization and management of the CBFA training will be the main activity directly contributing to the increased organizational capacity of the RCST, as well as its visibility with the Ministry of Health and other relevant bodies. The Federation will assist the national society in the planning and implementation of this training, so to maximize its effect on the general organizational improvement.

Tuberculosis pilot project

Objective 1 to decrease the defaulter rate by 25 per cent in the selected group of tuberculosis patients being treated according to the Directly Observed Treatment Short programme (DOTS). To achieve this the National Society's visiting nurses will observe the DOTS treatment of the selected patients at the family level, and will assist them in completing the treatment. The visiting nurses will help identify and resolve any problems which may affect negatively the completion of the treatment. The relatives will be encouraged to take an active role in the treatment of their sick family members. Nutritional supplement packs will be distributed to patients, in order to facilitate the healing process, and taking into consideration the living standard of the selected patients. The project staff will undergo training in patient support mechanisms, cooperation with other actors, reporting strengths/weaknesses in TB care and preventive TB care. Training activities will be coordinated both regionally and locally and external resources be brought in where and when necessary. This will help develop the skills of the RCST, and ensure the provision of services according to international standards.

Objective 2 to carry out a preventive health education programme with the relatives of the selected TB patients in order to reduce their infection rate. To achieve this the visiting nurses will use their home visits to meet and talk with patients' relatives and will familiarize them with preventive health measures to decrease the infection rate. Media campaigns and training on the community level will be organized to increase the awareness of TB among the local population.

Objective 3 to establish effective operational procedures in order to decrease the defaulter rate of the target group. To achieve this the operational procedures will be developed through regular meetings with the Ministry of Health, WHO, and other actors in the field of TB control and prevention. They will be based on the WHO guidelines on TB, as well as on lessons learned through the co-ordinated implementation of the present project. The project staff will be encouraged to use the experiences of other National Societies in the region, through regional coordination meetings.

Water and Sanitation programme

Objective 1 to improve the domestic supply of safe potable water to rural populations in up to 22 villages in the Kulyab, Khatlon and RRS regions. To achieve this up to 100 shallow water wells will be cleaned and chlorinated. Up to 100 open or closed water hand pumps will be installed. One or two existing deep water wells will be rehabilitated, including the installation of new pumps. Up to 12,000 metres of water pipelines from the natural spring catchment areas will be installed in three communities. Up to 25 unsanitary latrines and similar structures posing health hazards will be liquidated, and replaced by appropriate ones.

Objective 2 to continue providing supply of safe potable water to 40 villages in the Khatlon region. To achieve this the installed hand water pumps will be regularly monitored, repaired, maintained and upgraded, as necessary. Training sessions will be organized for the local community on the use and maintenance of water delivery equipment.

Objective 3 to increase level of public awareness of sound sanitary/hygiene practices of the rural population in up to 20 villages in the Kulyab region. To achieve this up to 24 training sessions and public debates will be organized, treating the issues of sound sanitary/hygiene practices and community health. Leaflets and brochures will be distributed, and mass media will be used to disseminate this information.

Objective 4 to develop the relationship between the local population and the RCST in order to use them in support of the National Society's programmes on public health, community-based first aid, and preparedness for

natural disasters. To achieve this discussions will be held with the local administration and communities, leading to selection and training of local project leaders and volunteers.

Expected results

Medical Relief programme

A total of 600 health staff will be trained in CBFA over a period of two years, thus providing a stimulant to primary health care and enhanced management capacity of the RCST. One hundred physicians will be trained in case-management of common diseases and the rational use of drugs. This will provide a higher quality of treatment, and facilitate the desired shift to the primary health care orientation, as optimum usage of medicines will be stressed. Up to 1,500,000 people in rural areas will be exposed to preventive health care messages, which will allow them to take practical steps to improve their health, and will ease the unnecessary pressure on the health facilities. The RCST will develop and strengthen its institutional knowledge and organizational structure through the training of health staff in selected medical institutions. This will enable the RCST to play a more active role in the health care of the country, both as a complementary service to the Ministry of Health, and as an active partner of all agencies and institutions implementing health programmes in Tajikistan.

Tuberculosis pilot project

A 25 per cent increase of patients complying with the DOTS treatment will be achieved (in comparison to the patient compliance data in the selected area prior to the programme). An increased level of awareness of the disease and the importance of completion of full course of treatment will be achieved among targeted beneficiaries in the selected area. Through regular training, RCST project staff will develop the necessary skills and expertise to successfully assist the Ministry of Health in the nation-wide anti-tuberculosis programme. Through close cooperation with the other four National Societies in the Central Asia region, the RCST will contribute to successful completion of the regional TB programme's objectives.

Water and Sanitation programme

Between 30,000 and 40,000 vulnerable people will have access to domestic supply of safe drinking water by the end of 2001. Up to 18,000 beneficiaries will continue to have uninterrupted access to domestic supply of safe drinking water throughout 2001. Between 30,000 and 40,000 people will be exposed to preventive health care messages by the end of 2001. Through selection and training of local project leaders and volunteers, relationship will be developed between the communities and the RCST, strengthening its organizational structure and allowing it to play a more active role in health care and disaster mitigation activities in the country.

Indicators

Medical Relief programme

Vulnerable people having access to essential health care and medicines. Increased level of knowledge regarding TB treatment and case management by health staff. General population better informed of and employing preventive health measures. Recognition of the role of the RCST in TB prevention and treatment among other institutions.

Tuberculosis pilot project

Increased awareness of tuberculosis prevention and treatment measures by the general public and targeted groups. Increased number of TB patients completing treatment course. Enhanced skills and capacity of the RCST to be an active partner of the government in combating TB.

Water and Sanitation programme

Increased number of beneficiaries with reliable access to safe drinking water. At risk communities better informed and able to take practical steps toward improvement of their health. Pressure on the precarious health system and its facilities reduced.

Monitoring and Evaluation arrangements

Medical Relief programme

The Federation's health coordinator will work closely with RCST on the organization and planning of the CBFA training with the clear intent of handing over this responsibility to a counterpart during 2001-2002. The same

person will closely monitor the implementation of training seminars, in order to evaluate their impact on the strengthening of the National Society's management capacity.

The RCST monitoring teams will continue the close monitoring of the use of drugs and performance of the health staff. This aspect of the programme has developed over the years, having been of a special interest for the overall success of the project. The monitors provide consultation on case management and rational use of drugs during their monitoring visits.

The final evaluation of the project will be carried out according to the following qualitative and quantitative criteria:

- observations and reports from the regular monitoring activities;
- statistical analysis of the incidence rates of relevant diseases in the targeted areas; and,
- analysis of the rate of consumption of medicines provided.

Earlier this year, ECHO, being the main donor of the RCST/Federation health activities in Tajikistan, carried out a comprehensive evaluation of its support to the health sector in the country. A three-year phasing out strategy was developed based on this evaluation. Subsequently, the RCST/Federation considerably reduced the level of its scope of activities, and this trend is to continue in the coming two years. The contradictions created by the still existing needs for assistance on the one hand, and not so bright funding realities on the other, represent a major challenge for the national society to develop projects favouring preventive, rather than curative aspects of health-care.

Tuberculosis pilot project

An efficient data collection system will be set up, in order to monitor defaulter and infection rates and to evaluate the progress of the project. It will indicate any eventual need for adjustments in the course of the implementation.

Being a part of the regional TB initiative, the project will be under the guidance and supervision of the Federation's regional health delegate. However, the RCST medical coordinator will have the overall responsibility for the implementation and monitoring of the project, which will be done through regular visits and analysis of reports provided by the visiting nurses.

It is expected that an external evaluation of the project will be carried out by the end of 2002 under the umbrella of the regional health programme. Based on the success of this pilot project, the scope and modalities of its further, more comprehensive and long-term implementation will be envisaged.

Water and Sanitation programme

The Federation's delegation, in close cooperation with staff of the RCST, will monitor the implementation of the programme. Technical aspects of objectives one and two will be evaluated upon completion of each project and after a period of six months. Quality of water supply will be monitored by the medical staff of the RCST and local authorities. The National Society's water and sanitation and medical staff will jointly monitor and evaluate the implementation of objectives three and four.

The final evaluation of the programme will be carried out using observations and reports from the regular internal monitoring activities of the individual projects and statistical analyses of the results of the internal monitoring activities. No qualitative indicators or evaluation criteria regarding the changes in the incidence of the waterborne diseases are being used, since the available statistics on which those indicators or criteria would be based are generally not reliable.

Critical assumptions

- The economic and political situation in the country will remain relatively stable.
- The exit strategy of the current donor (ECHO) will remain unchanged.
- The RCST will continue with its commitment to, and ownership of, the programmes and will provide the necessary resources for their successful implementation.
- The Ministry of Health is committed to implement the DOTS programme for TB treatment, at least in parts of Tajikistan, if not on a national basis.
- The supply of medicines to complete a TB patient's full treatment is guaranteed.
- The Federation will recruit a permanent water and sanitation delegate in time for implementation of the programme.

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4. Institutional and Resource Development

Background and progress to date

Since its establishment in Tajikistan in 1994, the International Federation's delegation has been providing general development support to the Red Crescent Society of Tajikistan (RCST). The institutional and resource development programme (ID/RD) for 2001-2002 is thus a continuation of the ongoing process of strengthening the overall capacity of the RCST.

In the period following the civil war, the RCST experienced comprehensive changes reflecting the developments in the country as a whole. Through close cooperation with the Federation's delegation, the RCST gained valuable experience in the area of institutional change and development.

However, the national society remains entirely dependent on external funding, mainly coming from the Federation. Financial support from other partners or donors is very rare. Some fundraising efforts were made, in the form of small-scale income generating projects (IGPs), however, with meagre results. The ongoing IGPs, mainly at the branch level, are barely self-sustainable and do not allow for any investments in new programmes or initiatives, let alone to strengthen and diversify the financial base of the RCST. The critical economical and political situation of the country did not provide a conducive environment for these initiatives, which were kept rather small-scale. To date, the RCST did not receive any financial support from the government, nor does it generate revenue from any other local sources. Therefore, in the coming period, a stronger emphasis should be put on different aspects of the National Society's resource development at all levels, including human, financial and capital resources. Training of the national society on financial reporting was successfully implemented since early 1999, providing the NS with the appropriate software needed for reporting as well as conducting hands-on training for the NS staff in the financial department. The next steps in the training process will include training on financial management, including preparation of budgets and final financial reports.

After several years of activities mainly focusing on traditional relief operations (medical and food relief), the national society has adopted a clear strategy to shift from relief to development, with disaster preparedness and mitigation being given a high priority. This strategy should be further elaborated, in close cooperation with the Federation, in order for the RCST to redefine its profile and strengthen its role in the society.

In mid-2000, the Federation carried out the Regional Institutional Development Review for Central Asia, providing valuable input for the identification of future priorities and strategies in the area of ID/RD in Tajikistan, both in terms of the National Society's own priorities and needs, and the scope and modalities of the Federation's support. The initial recommendations resulting from the review were incorporated into the ID/RD programme for 2001-2002, complementing previously existing plans and strategies developed by the RCST.

The national society passed through difficult stages in its development over the past years, but it is clearly moving in the right direction today, progressively expanding its capacity. Its institutional development process is highly dependent on external factors pertaining to the overall situation in the country. In addition to that, a frequent turnover of Federation staff in the delegation, and insufficient follow-up on the training conducted clearly constitute some of the weaknesses detected in the process. The previous focus on rather logistically heavy, labour-intensive relief programmes implemented with little national society involvement also hampered capacity building of the RCST, as not enough was done to transfer knowledge and skills.

Goal Further strengthening of overall structures and capabilities of the RCST, thus enhancing its ability and capacity to respond to the needs of the most vulnerable within the framework and guidelines of *Strategy 2010*.

Objectives and Activities planned

Objective 1 to strengthen the general and financial management of the RCST. To achieve this a management assessment of the RCST will be conducted in order to identify needs for training and/or revision of the RCST

management, systems and structures at headquarters and branch levels, taking gender equality aspects of human resources into account. Following the recommendations of the management assessment, RCST systems, policies and structures will be reviewed and upgraded. A long-term comprehensive RCST fundraising strategy will be developed.

Training will be organized for RCST managers at the headquarters and branch levels on the following topics: in-depth management; financial management (including preparation of budgets and financial reports); standard reporting requirements; English language; computer literacy; raising awareness of gender equality; and, project design, management, monitoring and evaluation.

Objective 2 to develop a two-year plan to reinforce the branches, to be adopted by the end of 2001. To achieve this an assessment of the current RCST branch structures and systems will be carried out, including the number and location of branches, their staff and members (including a gender analysis of current staff and members), assets and resources, programmes and contacts with authorities and other organizations, in order to define the needs for change to ensure further strengthening and sustainability. The national society support system to branches will be strengthened, including human resources and financial development programmes. A training plan for staff and volunteers at the branch level will be developed and target specific needs (such as English language, computer literacy and project management training). Specific branch-level fundraising activities will be organized, in close cooperation with branch managers.

Objective 3 to support the strengthening of the membership and volunteer base of the RCST. To achieve this the new RCST membership campaign, initiated in 1999, will be finalized. The national society will complete the new registration of members and collection of membership fees, including the establishment of a membership and volunteer-database, showing gender disaggregated data. The new volunteering policy will be adopted to complement the existing Federation volunteer policy and the RCST manual on working with volunteers, taking gender and age aspects into account. Assessment of the current RCST volunteer foundation will be carried out, and needs for new recruitment defined, in line with the new volunteer policy and the human resource policy of the RCST, again including gender and age aspects. A campaign to attract new volunteers will be organized with particular emphasis on recruitment of young volunteers, with an appropriate gender balance, to strengthen the new youth department at the RCST. A series of activities will be organized to celebrate the international year of volunteering 2001, with the key events being linked to the celebrations of World Red Cross and Red Crescent Day on 8 May and the International Day of Volunteers on 5 December.

Objective 4 to assist in strengthening the image and profile of the RCST by developing its long-term working strategy, establishing its priorities and future role in Tajik society. To achieve this a strategy for transition of the focus of the RCST from relief to development will be developed and adopted. The plan will include a targeted training plan necessary for a successful shift. The national Society will be further supported and encouraged to build and expand partnerships with other organizations, on both national and international levels. A strategy will be formulated for the new youth department. Youth activities will be expanded to all branches by establishing youth coordinators at all *oblast* levels. The information and public relations policy of the RCST will be developed, together with action plans for public visibility campaigns and events, such as those on 8 May and 5 December. The quarterly newsletter will be further developed, to serve as a visibility and awareness-raising tool for the RCST. Also, the National Society's Internet home page will be established and regularly updated. Study visits and exchanges of staff with other National Societies will be initiated, as well as participation of the RCST in international meetings and conferences.

Objective 5 to increase the independence and capacity of the RCST by developing a joint work plan for the hand-over of specific operations and responsibilities by the Federation. To achieve this the Federation's delegation will identify the responsibilities to be handed over to the National Society by the end of 2001 and 2002, respectively. Following the assessment of the RCST's management, a training and operational plan will be developed and implemented to facilitate the hand over of specific duties and responsibilities within a given time frame. The identified responsibilities will be handed over to the National Society. Further possibilities for hand-over will be explored jointly with the RCST.

Expected results

Recommendations made by the management audit, including training, will be implemented by the end of 2002. A long-term development plan for the strengthening of the National Society's branches will be adopted by the end of 2001, and will be implemented during 2002 and beyond. By the end of 2001, a RCST membership database will be

set up, and its new volunteer policy adopted. By the end of 2002, the registration of members and volunteers will be completed, and recruitment campaigns for new volunteers carried out successfully, increasing the number of active volunteers by 10 per cent between 2001 and the end of 2002. By the end of 2001, RCST will consolidate its strategy, and the change process will be halfway through its implementation phase during the following year. Youth and information departments and at least one new RCST programme will be carried out in cooperation with a partner organization by the end of 2002. A long-term action plan for the hand-over of responsibilities to the RCST will be finalized by the end of 2001, while the hand-over of the Federation warehouses and vehicle workshop will take place by the end of 2001.

Indicators

Improved skills in general and financial management by staff of the RCST with resulting increase in its efficiency. Increased number of volunteers and members recruited, registered and managed. Increased impact of local fundraising strategies. Better visibility of the NS among the general public, partners and potential donors. Increasing programme management responsibility assumed by RCST from the Federation.

Monitoring and Evaluation arrangements

The main monitoring responsibility will be with the Federation's delegate responsible for the management of the programme, who may delegate parts of the monitoring to his/her counterparts in the National Society at the headquarters and branch levels.

An internal mid-term evaluation will be carried out at the end of 2001 to assess the progress of the programme and make appropriate amendments as required. Training components will be evaluated separately, in cooperation with the trainers involved, and in conjunction with the implementation of the training

An independent internal or external evaluation of the whole programme will be carried out at the end of 2002, assessing the success of the programme and defining lessons learned as well as needs for future initiatives

Critical assumptions

- Funding for the programme will be secured.
- An ID/RD delegate will be recruited.
- There will be no major political setbacks drastically affecting the political and social situation in the country.
- There will be no major natural disasters eclipsing the development activities of the RCST and the Federation for any considerable amount of time.

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5. Coordination and Management

Background and progress to date

The International Federation established its delegation in Tajikistan in 1994 to assist the Red Crescent Society of Tajikistan (RCST) in addressing needs of the population. Its activities have been focused on disaster relief programmes, medical relief, as well as water and sanitation. At the same time, in view of the country's high level of proneness to natural disasters and incidences of population movement throughout the region, the Federation delegation has been supporting the strengthening of the RCST disaster preparedness and -response capacity through specially designed programmes, as well as through the active involvement of the RCST in all Federation activities.

In the summer of 2000, the Federation carried out a regional institutional and resource development review of the five central Asian national societies, including the RCST. A plan of action for the implementation of the review recommendations has been prepared, and this, together with the Country Assistance Strategy, forms the basis for the Federation's work on empowering the national society in the coming year.

The emergency appeal, launched in September 2000 to assist victims of the effects of a major drought that has struck Tajikistan this year, represents an opportunity to support the RCST in applying its previously gained expertise in disaster relief, while providing it with additional training and advice on specific issues. The partnership between the RCST and the Federation in managing this operation demonstrates the main purpose of the Federation's presence in Tajikistan - building the national society's capacity and resources to provide the needed assistance in times of disasters and act as a major partner to the government and other organizations in the humanitarian field of activities.

Goal To continue strengthening the capacity of the Red Crescent Society of Tajikistan and to respond to both rapid-onset disasters and endemic poverty, through its increasing involvement in Federation-assisted relief and social welfare activities, as well as specific training programmes.

Objectives and Activities planned

Objective 1 To continue assisting the RCST in its institutional development, disaster preparedness and relief activities. To achieve this the Federation delegation in Tajikistan, with support from the regional delegation for Central Asia, will provide assistance to the national society through a development of the Country Assistance Strategy, intense training in identified areas of activities, continuous information-sharing and co-ordination of international support to RCST programmes. Gradual hand-over of specific responsibilities to RCST will continue, according to a mutually identified pace.

Objective 2 To assist the RCST in securing sufficient resources for the programme implementation, and their efficient management. To achieve this the delegation, with help from the Federation Secretariat, will actively pursue all fund-raising activities. It will continue monitoring the programme implementation and income and expenditure, and provide training in various aspects of programme management.

Objective 3 To promote the efforts of the RCST with the government of Tajikistan, local and international organizations, and the donor-community, to raise its profile as a credible partner in the humanitarian activities in Tajikistan. To achieve this the delegation will actively utilize its media and external relations to promote the national society and seek support for its activities. It will join the RCST in approaching the government and seeking more explicit support to the national society's activities in the country. Finally, it will provide training and advice to RCST in developing its contacts with donors and partners.

Expected results

- The RCST will demonstrate a continuous improvement in specific areas of disaster relief and preparedness, resulting in its gradual taking over of certain responsibilities previously held by the Federation delegation.

- Through a better programme and resource management, and thus secured higher level of accountability, it will increase its independence in the process of securing financial and technical support from donors.
- RCST will achieve recognition by the Government and all local and international partners as an essential partner in the implementation of humanitarian programmes. Moreover, it will achieve a higher profile in the general public as the organization that is addressing the needs of the population.

Indicators

- The implementation of the plan of action for the institutional and resource development (ID/RD) of the RCST, as agreed and scheduled by the national society and the Federation regional programme co-ordinator for Central Asia, leading the regional ID/RD programmes.
- Level of donor-support to the RCST and Federation programmes.
- Direct co-operation between RCST, Government and other humanitarian organizations in Tajikistan.

Monitoring and Evaluation arrangements

The Federation delegation will provide continuous monitoring of RCST activities, in order to ensure the agreed direction of the national society's capacity building. Evaluations of specific programmes and activities will be carried out as per separately identified schedules.

Critical assumptions

- Maintained relative political stability and security in Tajikistan throughout the coming year.
- No major disaster occurring, which would affect the current pace of RCST's development.
- Secured funding for the core functions of the Federation delegation.

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DELEGATION: TADJIKISTAN						
PROGRAMME	Disaster response	DP	Health & services	IDRD	Coord. & mgt	TOTAL
Shelter & construction	0	59,344	4,919	11,607	0	75,870
Clothing & textiles	0	106,575	0	0	0	106,575
Food & seeds	1,180,252	8,198	0	0	0	1,188,449
Water	0	6,560	181,512	0	0	188,072
Medical & first aid	0	122,990	28,693	0	0	151,683
Teaching materials	0	410	0	0	0	410
Utensils & tools	0	29,285	0	0	0	29,285
Other relief supplies	0	23,800	52,132	0	0	75,932
Sub total supplies	1,180,252	357,161	267,256	11,607	0	1,816,275
Land & Buildings	0	0	0	0	0	0
Vehicles	0	51,644	0	0	0	51,644
Computers & telecom	18,946	31,642	0	19,674	15,739	86,002
Medical equipment	0	0	0	0	0	0
Other capital expenses	3,279	30,175	2,049	6,787	7,214	49,505
Sub total capital	22,225	113,462	2,049	26,461	22,953	187,150
Programme management	142,694	76,365	117,552	25,776	66,587	428,975
Technical services	42,715	22,860	35,189	7,716	19,933	128,412
Professional services	47,371	25,351	39,024	8,557	22,105	142,408
Sub total programme support	232,780	124,575	191,765	42,049	108,625	699,796
Transport & storage	207,420	129,375	473,405	30,790	253,543	1,094,533
Personnel (delegates & expatriates)	149,047	152,606	252,592	96,195	196,718	847,158
Personnel (local staff)	160,723	144,367	288,244	114,791	177,890	886,016
Sub total personnel	309,771	296,973	540,836	210,986	374,608	1,733,174
Travel & related expenses	9,279	8,788	21,340	12,616	25,232	77,254
Information expenses	22,047	29,885	109,813	18,600	1,574	181,918
Expert fees	53,517	20,267	35,151	10,000	5,902	124,838
Admin. - general expenses	78,893	52,017	101,706	19,158	195,066	446,840
Training workshops / seminars	0	0	0	0	0	0
Sub total travel, training, general exp.	163,737	110,957	268,009	60,373	227,775	830,850
Total budget	2,116,184	1,132,503	1,743,320	382,267	987,504	6,361,778