

## ANNUAL REPORT ON THE USE OF CERF GRANTS TAJKISTAN

<b>Country</b>	<b>Tajikistan</b>
<b>Resident/Humanitarian Coordinator</b>	<b>Nassim Jawad</b>
<b>Reporting Period</b>	<b>1 January 2010 – 31 December 2010</b>

### I. Summary of Funding and Beneficiaries

<b>Funding</b>	Total amount required for the humanitarian response:	US\$ 3,839,830		
	Total amount received for the humanitarian response:	US\$		
	Breakdown of total country funding received by source:	CERF:	US\$	941,544
		CHF/HRF COUNTRY LEVEL FUNDS	US\$	
		OTHER (Bilateral/Multilateral)	US\$	526,220
	Total amount of CERF funding received from the Rapid Response window:	US\$ 941,544		
	Total amount of CERF funding received from the Underfunded window:	US\$		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$	681,432
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$	
		c. Funds for Government implementation:	US\$	259,877
<b>d. TOTAL:</b>		<b>US\$ 941,544</b>		
<b>Beneficiaries</b>	Total number of individuals affected by the crisis:	7 million individuals		
	Total number of individuals reached with CERF funding:	7 million individuals		
		1.01 million children under 5		
		1.6 million girls under 15		
		1.3 million boys under 15		
3.5 million females				
Geographical areas of implementation:	Polio response: All Tajikistan			

## II. Analysis

Tajikistan's once-sound public healthcare system has steadily deteriorated since the 1990s due to low state expenditure in the health sector and outward migration of health workers. In the early 1990s, civil conflict and interrupted vaccine supplies caused substantial disruptions in the provision of immunisation services. The regular vaccine supply was re-established in the mid-1990s with support from the United Nations and international donors. Although immunisation coverage was reportedly high a decade later, marking over 90 per cent for all EPI antigens, independent surveys suggested that the national OPV-3 coverage was as low as 50.3 per cent (TLSS 2007).

Tajikistan was certified as poliomyelitis-free in 2002 as part of the WHO European Region. However, in the beginning of 2010, the country experienced the world's largest polio outbreak, which was caused by importation. As of 5 February 2011, the Ministry of Health (MoH) reported 712 suspected cases with 458 of them confirmed as Wild Polio Virus (WPV) Type 1 cases and 29 polio-associated deaths.

In response to the outbreak, Tajikistan's Ministry of Health (MoH), jointly with UNICEF and WHO, implemented a number of polio immunisation rounds to stop the spread of the virus and reclaim the country's polio-free status. In an effort to implement time critical, life-saving social mobilisation activities in support of the national polio immunisation campaign in Tajikistan, UNICEF and WHO accessed in total US\$ 941,544.00 from the rapid response window of the Central Emergency Response Fund (CERF).

CERF funding enabled UNICEF and WHO to support the MoH in organizing quickly and implementing a nationwide communication and social mobilisation campaign. The response aimed at raising the population's awareness of the national immunisation exercise and convincing parents and caregivers to vaccinate their children during the national immunisation days (NIDs). In addition, CERF funds enabled WHO to conduct the four rounds of immunization campaigns, supporting laboratory in specimen collection and transport, development and refinement of clinical and laboratory guidelines and trainings, and procurement of critical care equipment. As a result of rapid allocation of CERF Funds, WHO was able to react swiftly to stop the spread of the Poliomyelitis outbreak.

The campaign targeted specifically isolated and hard-to-reach population groups, such as ethnic minorities and people living in mountainous, hardly accessible areas. Various communication channels used included television and radio; banners, posters and leaflets; as well as interpersonal communication (IPC) through mobile teams of health workers, religious figures, volunteers and teachers in communities, hospitals, schools, and mosques.

In addition, as part of the campaign, more than 200 health workers from across the country were trained in effective IPC techniques to be able to effectively communicate to the population the importance of future immunisation efforts.

The CERF-supported timely communication and social mobilisation interventions resulted in broad population's awareness of the polio immunisation and prompted their participation in the exercise. As a result, immunisation coverage exceeded 99 per cent during all 6 national polio immunisation rounds and 1 sub-national round in 2010. The intervention has helped to stabilise an insecure situation at an early stage and prevented the further spread of polio in Tajikistan and the region.

UNICEF and WHO Tajikistan will continue to support the EPI services in Tajikistan through the utilisation of its regular resources and other donor agencies' contributions to ensure access to quality immunisation services, particularly for underserved populations. In 2011, UNICEF and WHO will support effective implementation of two rounds of the National Polio Immunisation Days, targeting children under five years of age. In addition, UNICEF and WHO will support the MoH in further strengthening routine immunisation.

### III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Health	<p><b>10-WHO-034</b></p> <p>Emergency Response to Poliomyelitis Outbreak in Tajikistan for Children Aged 0-15 years</p>	101,415	2,296,131	2,980,600 including 1,330,000 <5 children	<ul style="list-style-type: none"> <li>▪ Coverage of at least 99 per cent of children targeted in each of the four rounds with mOPV1 by 25 June 2010.</li> <li>▪ Over 80 per cent of households with children aged 0-15 years aware of the immunization rounds.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Each of the six nationwide polio SIAs and one subnational SIA in 2010 had an administrative coverage exceeding 99 per cent.</li> <li>▪ More than 90 per cent of households with children aged 0-15 years have been aware of the national immunization days.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-process and end-process monitoring teams were deployed to ensure independent verification of results reported by MoH.</li> </ul>	<ul style="list-style-type: none"> <li>▪ There was no gender inequality in polio coverage. Communication and social mobilisation efforts were effective for girls and boys alike.</li> </ul>

Health	<p>10-WHO-034</p> <p>*Emergency Response to Poliomyelitis Outbreak in Tajikistan: for Children Aged 0-15 Years</p>	713,590	1.54 million	<p>2,730,212 children under 15 years;</p> <p>F: 1,310,501</p> <p>M: 1,324,550</p>	<ul style="list-style-type: none"> <li>■ At least 99 per cent of children targeted in each of the four rounds with monovalent oral polio vaccine (mOPV1) by 25 June 2010</li> <li>■ No laboratory confirmed polio cases by 1 September 2010</li> <li>■ Non-polio acute flaccid paralysis (AFP) cases among children &lt; 15 years of age equal of more than 2/100,000 by December 2010</li> <li>■ More than 80 per cent of diagnostics specimens of AFP case are correctly collected, shipped and analyzed in the defined timeframes</li> <li>■ At least 80 per cent of households with children aged 0-15 years aware of the immunization rounds.</li> </ul>	<ul style="list-style-type: none"> <li>■ National vaccination coverage: <ul style="list-style-type: none"> <li>1<sup>st</sup> round 99.4 per cent (RT) ND (Independent monitoring - IM)</li> <li>2<sup>nd</sup> round 99.4 per cent (RT) 98.9 per cent (IM)</li> <li>3<sup>rd</sup> round 98.8 per cent (RT) 98.5 per cent (IM)</li> <li>4<sup>th</sup> round 99.3 per cent (RT) 99.9 per cent (IM)</li> </ul> </li> <li>■ The last laboratory confirmed case of Polio was on 4 July 2010</li> <li>■ Overall 712 AFP cases were recorded, 642 tested with 458 confirmed for WPV type-1 with 155 negatives</li> <li>■ Active surveillance was supported throughout the country during and following the outbreak.</li> <li>■ AFP surveillance during the outbreak was able to detect and report non-polio AFP rate 7/100,000 cases</li> <li>■ AFP case diagnostic specimens were correctly collected and transferred in 87 per cent of all reported cases</li> <li>■ A dedicated outbreak investigation team provided for follow-up of cases, and a case review panel classified cases which were without specimens for lab confirmation.</li> <li>■ An external rapid assessment of the surveillance system was conducted in July, as a result of its recommendations, 291 epidemiologists, neuropathologists and Infectionists were trained using updated AFP surveillance materials</li> </ul>	<p>Rapid allocation of CERF funds allowed full and swift implementation of the immunization campaign to effectively stop the Poliomyelitis outbreak; limiting further death and disability from paralysis</p> <p>CERF funding allowed for rapid increase in local capacity to care for polio victims: including critical medical care and prevention of life-long disability</p> <p>WHO provided financial support for 22 monitors to assist Ministry of Health RT, with an external monitoring team from Moscow joining the 5<sup>th</sup> round, helping to assure high coverage rates</p>	<ul style="list-style-type: none"> <li>■ Interventions, including the campaign, were directly monitored by WHO, UNICEF and NGO partners from the Health Cluster</li> <li>■ Field monitoring of the campaign and disease surveillance was maintained throughout the country and duration of the response</li> </ul>	<ul style="list-style-type: none"> <li>■ The immunization campaign sought 100 per cent coverage of girls and boys, for equitable health protection</li> </ul>
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## **Annex 1: Acronyms and Abbreviations**

AFP	Acute flaccid paralysis
CERF	Central Emergency Response Fund
EPI	Expanded Programme on Immunization
IM	Independent monitoring (indicating campaign monitoring survey results by independent monitors and agencies)
IPC	Interpersonal Communication
MoE	Ministry of Education
MoH	Ministry of Health
mOPV1	monovalent oral Polio vaccine
NID	National Immunization Days
OPV	Oral Polio Vaccine
RT	Government Republic of Tajikistan (indicating official government statistics)
SIA	Supplementary Immunization Activities
TLSS	Tajikistan Living Standards Survey
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WPV	Wild Polio Virus