

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Tajikistan
Resident/Humanitarian Coordinator	Mr. Michael Jones
Reporting Period	January – December 2008

I. Executive Summary

In 2008, Tajikistan experienced an evolving humanitarian crisis due to a combination of interlocking natural, economic and social events. These events are exacerbating a series of underlying structural vulnerabilities which threaten to undermine the lives and livelihood of systems of communities in Tajikistan. The winter crisis compounded these vulnerabilities causing a heavy economic cost to the country and worsened the living conditions, food security and nutritional status, and health of the population

Abnormally cold weather conditions in Tajikistan during winter of 2007-2008, causing heavy snow fall and frozen rivers, led to damage of water and electrical supply systems and the isolation of mountainous villages. Snowfall was recorded at 245 percent above the average in December 2007. Temperatures of between -8°C and -25°C since the beginning of 2008 increased demand for heating while also reducing the supply of hydroelectric-generated energy—the overall electricity supply was reduced to 40 percent of its normal level. This in turn led to severe rationing of electricity followed by sharp increases in the prices for fuel. The severity of the continued cold weather also affected neighbouring countries, which in turn severely limited or cut electrical supplies to Tajikistan during the period of coldest weather. In Dushanbe power cuts lasted for 10 hours a day or more and most rural areas were devoid of any electricity supply. There were also constraints on importing of electricity and fuel (natural gas, Low Sulphur Residual Fuel Oil – RFO) which is needed to support power production.

Summary of the CERF money requested and received status

Total amount of humanitarian funding required and received during the reporting year	REQUIRED: RECEIVED:	\$26 million \$15 million		
Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):			
Total amount of CERF funding received by funding window	RAPID RESPONSE:	\$ 7,647,237		
	GRAND TOTAL:	\$ 7,647,237		
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM:	WFP)\$ 3 846 717 (WHO)\$ 436,304 (UNDP)\$ 371 600 (UNICEF \$ 189 456)		
	TOTAL(Must equal the total CERF funding allocated):	\$7,647,237		
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	TOTAL	under 5 years of age	Female (If available)	Male (If available)
	29 000 pregnant women 10 000 children from mass-care institutions 413 066	87 993	75,121 targeted with food assistance	71,952 targeted with food assistance
Geographic areas of implementation targeted with CERF funding (please be specific)	<ul style="list-style-type: none"> ▪ All pregnant women in GBAO and Districts of Republic Subordination; ▪ Children under five in Vose, Kulob, Shaartuz, Jomi and Khuroson districts of Khatlon oblast; ▪ Boarding Schools (republican and district level), Boarding School under the school (gymnasium, lyceum), Boarding School for children with disabilities, Rehabilitation centre under the district hospital for children with tuberculosis and children houses. ▪ Khatlon region was the main target of WHO interventions ▪ Dushanbe, Khujand, Kurgan-tyube cities were the main targets for provision of urgent electricity, heat and water supply 			

II. Background

Developmental progress in Tajikistan was dealt a severe blow when in 2008 the country experienced the worst winter in 25 years. Temperatures ranged from -15 to -25 for extended periods, causing breakdowns in the country's aged energy and water supply systems, damaging crops and reducing livestock herds.

The impact on the population was severe. Many health centres were forced to close because of below freezing temperatures in the wards or lack of access to water. At the same time, rapid assessments in the health sector provided evidence that the incidence of communicable diseases such as acute respiratory infection, typhoid and dysentery had increased sharply. Orphanages and other care facilities were struggling to sustain minimum levels of service; education was severely disrupted, with attendance records dropping between 40 to 50 percent; and against the backdrop of a global food crisis, significant food, agriculture and livestock losses were suffered (wheat 30 percent, potato 35 percent, vegetables 20 percent, fruits and wines 40 percent). This came on top of an already deteriorating food security situation due to loss of crops earlier in 2007 and skyrocketing food prices during October and November 2007. The economic impact of the winter crisis was severe, with an estimated 50 percent reduction in growth during the first quarter of 2008, further reducing people's livelihood opportunities.

A rural joint food security, livelihoods, agriculture and nutrition needs assessment conducted in May 2008, found some 2.2 million people (34 percent of the rural population and 37 percent of the urban population) to be food insecure, of which 800,000 severely food insecure. The assessments revealed rural households were spending as much as 80 percent of their income on food. The diet consumed in these households is poor. The daily intake consists of wheat or potatoes, oil and sugar, with low consumption of vegetables

(three days a week) and a minimal consumption of animal products. Such a diet does not cover the energy requirements of individuals with specific needs such as growing children, pregnant and lactating women.

Nutritional data collected during the assessment indicate no improvement in acute (4.7 percent wasted) and chronic malnutrition rates (27 percent stunted) over the last three years. The absence of improvement despite increased GDP is attributable to the impact of recent shocks. Lack of knowledge about childcare and feeding practices among family caregivers and inadequate care-seeking behaviour contribute to the poor nutritional status of mothers and children. Approximately 26 percent of children six months of age or less are exclusively breastfed. The remaining percentage of children is given water and non-milk liquids in addition to breast-feeding.

The harsh winter of 2007-2008 adversely affected hospitals and health centres causing them to close down or to drastically reduce service hours. Many facilities lacked the capacities to correctly diagnose, treat and monitor malnutrition leading to increase in morbidity and mortality. The absence of improvement in the nutrition rates since the last nutrition survey in 2005 indicates the negative effects of winter and food shortages on the nutritional status of young children. There will also be an increasing number of cases of low birth weights and increasing mortality among newborn babies as well as children under 5 years of age.

Government, civil society and international partners responded by using available in-country resources, but these were soon exhausted. At the end of January, the Government of Tajikistan requested the assistance of the international community. On 18 February an appeal for assistance was launched, seeking USD 25 million, targeting the needs of some 2 million people through the combined interventions of 12 organizations. By August 2008, a total of USD 14 million was mobilized in response to the appeal, including some USD 6 million from CERF. A further 21 million was donated outside the framework of the appeal.

The coldest winter in 25 years was followed by record high temperatures in spring and summer. Precipitation has been some 40 percent below average. The dry and hot conditions, a severe locust infestation and lack of agricultural inputs are likely to reduce the 2008 crop production to 60 percent of average. Livestock owners have insufficient fodder, which may force them to sell part of their herd.

Impact on Food and Nutrition Security

As a result of the compound crisis, the prices of most food commodities and fuel rose sharply in early 2008, and remained very high compared to previous years. Since the autumn of 2007, the prices of the two main staple commodities, bread and oil, more than doubled, severely limiting the purchasing power of large segments of poor and already food-insecure people.

The majority of the rural population survives on less than \$ 1.33 a day and spends around 80 percent of income on food, while 17 percent of the population subsides on less than 85 cents a day. According to the April 2008 joint United Nations World Food Programme (WFP), United Nations Food and Agriculture Organization (FAO) and the United Nations Children's Fund (UNICEF) Emergency Food Security Assessment (EFSA), access to food remains a major challenge, especially for the 12 percent of severely food-insecure rural households (approximately 600,000 people) and 22 percent moderately food-insecure (1.1 million people): one third of the rural population, overall.

Malnutrition and micronutrient deficiencies, particularly among children under-five, pregnant and lactating women were serious concerns. Malnutrition rates (both stunting and wasting) were at poor levels and further deterioration of nutritional status due to food insecurity was expected. The 2007 Tajikistan Living Standards Survey confirmed that 25 per cent of the severely food insecure spent entire days without eating, 33 per cent of families consumed seed stocks, 15 per cent sold off some of their livestock, and 13 per cent had taken children out of school. The nutrition data collected during the assessment indicates no improvement in acute (5.3 per cent wasted) and chronic malnutrition rates (34 per cent stunted) over the last three years.

In order to meet the urgent needs of the food insecure and nutrition-deficient people, CERF funds enabled WFP to conduct Vulnerable Group Feeding in the severely food insecure areas, distributing 5,262 metric tonnes (MT) of food to 183,066 beneficiaries in Khatlon region while UNICEF received \$189,456.50 from CERF for procurement of therapeutic food and micronutrient supplements for children and pregnant women. The UNICEF project has achieved the following results:

- All 640 primary health care facilities in GBAO and Districts of Republic of Subordination are able to provide micronutrient supplementation to pregnant women.
- Therapeutic feeding centres and Paediatric Departments in two selected districts are able to manage cases of severe acute malnutrition among young children and plans for scaling up in 13 districts are underway.

Health Impact of the Energy Crisis

The energy crisis had a significant impact on already overburdened health care services, supplies of essential drugs and vaccines, as well as the overall health of the population. The deteriorating living conditions resulted in higher incidence of acute respiratory diseases, poorer hygiene standards, increased incidence of water-borne diseases, the worsening of chronic diseases and an increased incidence of preventable maternal and infant deaths and unsafe deliveries. The energy crisis also had a significant impact on the supply of essential drugs and vaccines, and on people's access to health care facilities. Specific information available through rapid health assessments on the impact of the cold weather demonstrated:

- A sharp increase in number of severe burns and frost bites in the first two months of the crisis;
- Significant increase in the number of ARI as reported in the Republican Centre for State Sanitary and Epidemiological Surveillance data;
- Admissions due to acute respiratory distress syndrome were 50 percent higher than in the same period of 2007;
- Maternal deaths in January 2008 increased by roughly 2.5 times in comparison with the same period of 2007 reported in MoH statistics;
- A confirmed outbreak of typhoid in the city of Kula;
- Medical emergencies such as heart attacks, strokes and other acute conditions aggravated due to a lack of ambulance and emergency care services.

Water supply situation in urban areas

Water supply systems in urban areas depend on electricity. Limited and extremely irregular electricity supplies therefore severely interrupted water provision to urban residents of the country. According to the information received from Republican Centre for Sanitary Epidemiological Control (CSEC), Ministry of Health (MoH), 55.2 percent of the country's population has access to piped water (mostly in urban areas) in normal times. Due to the energy crisis and cold weather, only around 20 percent of population had access to piped water.

III. Implementation and results

1) Coordination and implementation arrangements

The overall thrust of the emergency response was coordinated by REACT, Tajikistan's disaster management partnership comprising civil society, non-governmental organizations (NGOs), the Red Crescent Society of Tajikistan and United Nations agencies. Following the launch of the Flash Appeal (should be included in the table) , a cluster approach was adopted in Tajikistan building on earlier sectoral groups within REACT. Rapid assessments were carried out by involved clusters namely food security, water and sanitation, health, education, logistics, and shelter and non-food items (NFIs). Cluster meetings were held weekly with all agencies and donors involved. UNDP provided secretariat functions for the REACT partnership at national and regional levels (Sughd, Zeravhsan and Kurgan-tyube). The REACT Secretariat played a key role in support of coordination among all relevant

stakeholders responding to the complex crisis. In terms of emergency support to the energy sector, close coordination was established with World Bank, since it is one of the main counterparts in the provision of assistance and improvement of energy sector in Tajikistan.

Within the overall coordination framework, there were several different mechanisms established. The agencies involved in food distribution agreed on geographical targeting to avoid overlapping. The targeting criteria had been agreed with the local authorities (hukumats and jamoats) prior the distribution process. The identification, preparation of the beneficiary list and distribution had been conducted in close cooperation and with the assistance of the local authorities in those areas identified as most severely food insecure.

A nutrition working group was set up and chaired by the Ministry of Health. All relevant UN agencies (UNICEF, World Bank, WFP, WHO) and NGOs (Aga Khan Foundation, Mercy Corps, Mission East, Save the children) were represented. The working group met on a weekly basis to report on the status of implementation and to coordinate activities. As an outcome of the working group, the Ministry of Health (MoH) had a consolidated workplan, with all ongoing and planned activities. Five vulnerable districts in Khatlon, oblast with the highest rates of malnutrition and morbidity were selected for use of the CERF funds. The Districts of Republic Subordination and GBAO regions were selected for micronutrient supplementation among pregnant women. The support of CERF to nutrition has been complemented by the World Bank support to Sogd and Khatlon oblasts.

WHO, UNICEF, United Nations Population Fund (UNFPA), and OXFAM in the health cluster mobilized partners and coordinated with the Ministry of Health (MoH) priority interventions to address critical health problems and fill gaps where local authorities lacked sufficient means. IFRC, through their own appeal, concentrated on the critical health needs at the community level, while WHO and other partners focused on primary and specialized health care.

2) Project activities and results, including actual beneficiaries

The projects implemented with CERF funds mainly focussed provision of: heat and electricity ;minimally adequate water; food assistance, and; complementary feeding programs.

In energy supply, \$1.2 million was requested for the urgent provision of electrical power and heat generation to assure adequate electrical power and water for critical health care services and mass-care facilities in Dushanbe. The project assisted the Government in increasing thermal power production and electricity generation through purchase of emergency reserves of fuel oil aiming at provision of heat and electrical power to the 1.2 million residents of Dushanbe during the severe cold weather. The delivery of fuel oil started in September and was completed in December 2008. This project was complemented by WHO-led life-saving interventions to support health authorities to sustain essential energy and electricity supply necessary to provide life saving treatment for critically ill patients. As part of these interventions, four generators were purchased, and equipment and supplies were timely mobilized to identify key health facilities. In addition, appropriate training was provided to staff of these facilities for proper maintenance and operation of the equipment.

In water supply, \$317,600 was allocated to provide minimally adequate supplies of water for three major cities: Dushanbe, Kurgan-tyube and Khujand. The project was implemented through two components: 1. Tanker delivery of water to people with less than 15 litres of potable water per person per day; and 2. repair to the water systems. Densely populated areas with severe shortage of potable water have been selected jointly by Vodocanal offices, Committee for Emergency Situations (CoES) and local government authorities in Dushanbe, Kurgan-tube and Khujand for tanker delivery of potable water. Logistical arrangements for tanker delivery of the water were agreed between UNDP and Vodocanals of all three cities and reflected in signed agreements. According to the agreements reached, Vodocanals were responsible for daily delivery of the water to the targeted locations, ensuring that at least 15 litres per person is provided. UNDP covered the transportation costs. In addition to co-financing committed by UK Department for International Development, , 10 mobile-rubber water tankers (5 000 litres capacity each) were provided to UNDP as well. These water tankers were handed over to local Vodocanals, to be used during water delivery. The crucial damage in water regulation systems caused by harsh winter conditions and extremely irregular electricity supply in Dushanbe, Khujand and Kurgantyube cities were identified

jointly by UNDP, Vodocanal offices, Committee for Emergency Situations (CoES) and local government authorities. Water tankers were provided to different targeted locations in Dushanbe, Khujand and Kurgan-tyube cities during the period of March to June 2008. Overall, approximately 100 000 people were provided with 7 490 MT of potable water. Rehabilitation of the crucial water regulation systems ensured water supply to approximately 1 500 000 people in three cities.

In food security, providing immediate food assistance to the most vulnerable and food insecure people affected by the compound crisis, WFP organised a Vulnerable Group Feeding (VGF) Programme on two occasions, in March-April and October-November. These programmes supplied 183,066 people in rural areas with a reduced family, two-month food ration, a total of 5,262mt of wheat flour, peas, oil and salt. This complemented the food and cash based projects implemented by other partners in food security cluster. WFP targeted the assistance to families under the following criteria: (i) households with income of less than 89 Somoni (US\$1=TJS3.42); (ii) ownership of less than 0.2 ha of land; (iii) ownership of less than 6 animals; (iv) households with no productive assets. WFP had used an emergency advance facility and food stocks to start implementation as soon as the new contributions were confirmed. WFP also increased, outside the appeal, its feeding programmes for malnourished children, primary school students and tuberculosis patients.

In health and nutrition, the assistance targeted the improvement of nutrition situation. Specifically, about 3.5 million micronutrient tablets were procured for more than 29,000 pregnant women in the Districts of Republic Subordination and GBAO; 360,000 sachets of multiple micronutrient powder were distributed for children 6-24 months in five districts of Khatlon oblast; 45,000 sachets of therapeutic food and 1 tonne therapeutic milk are now available for treatment of severe acute malnutrition and being distributed to the identified health centres. Around 2,500 most vulnerable children in Khatlon oblast received high protein biscuits. A more immediate result is evident from the fact that all 640 primary health care facilities in GBAO and Districts of Republic of Subordination provided micronutrient supplements to pregnant women. Additionally, therapeutic feeding centres and Paediatric Departments in selected districts managed cases of severe acute malnutrition among young children. Complementary to these efforts, the implementation of the new WHO child growth standards has been integrated into all other CERF activities (identification and management of severe malnutrition, complementary feeding programmes to counsel mothers of children with specific growth problems). The activities on growth assessment targeted 40 000 children under 5 years and the programme on micronutrient deficiency reached 600 children under 2 years.

3) Partnerships

Partnerships among key partner agencies in energy and water supply, health and nutrition (UNICEF, WHO, WFP, UNFPA, OXFAM, SDC, DFID, the Governments of Norway, Italy as well as government counterparts including OJSHC "Barqi Tojik", MoH RT, Oblast and District Health authorities, hukumats and jamoats) were strengthened significantly through activities under CERF.

1. UNDP DRMP implemented the energy supply and heat generation project in direct partnership with DCHP in agreement with OJSHC "Barqi Tojik", the company managing the DCHP. The DCHP was the recipient of the fuel oil and responsible for quantity/quality check and proper end-use of the fuel oil. The project for water supply project was realized in partnership with State Water Management agencies: "Vodocanal" of Dushanbe, Khujand and Kurgan-tyube cities. Established partnership allowed identifying the most affected areas and to ensure adequate response to the needs of the population.

2. WFP worked closely with WHO on the food security and nutrition assessment. WFP coordinated the food security and WHO the nutrition component of the assessment. Preparations and trainings have been conducted jointly.

3. UNICEF and WHO jointly implemented a programme to improve micronutrient status of children: UNICEF procured micronutrient sprinkles and WHO provided the

technical capacity to train the staff and develop the tools for implementation and monitoring of the programme.

4. Trainings on Child Growth Standards have been conducted jointly with facilitators from different organization. Most training was facilitated by Ministry of Health and WHO. One facilitator from WFP and Save the children have also co-facilitated two of the trainings with the MoH.

5. Interagency collaboration was promoted via a checklist database to indicate who is doing what and where in order to maximize human and financial resources, strengthen collaboration and avoid duplication and/or fragmentation of efforts. Weekly meetings provided a platform for information exchange and promote ongoing dialogue among all stakeholders.

4) Gender-mainstreaming:

Women were encouraged to participate in the village relief committees and constitute almost half of the membership to ensure that their interests are taken into account. Female beneficiaries constituted more than 60 percent of beneficiaries.

5) Monitoring and Evaluation

In order to ensure the effective use of CERF funding, UN agencies developed the monitoring and evaluation frameworks with specific indicators and arrangements for each area of emergency intervention. The following specific measures have been undertaken:

1. UNICEF and the Ministry of Health agreed that MoH would establish a monitoring team composed of representatives from the MoH, Oblast and District Health authorities. The team was accountable for monitoring and assisting in the use of supplied essential drugs and equipment. Tools for monitoring visits were developed and agreed with the MoH
2. Growth assessment activities in the villages following the trainings were monitored by the Ministry of Health. Primary health care workers were supervised and retrained by staff of the Ministry of Health.
3. WHO developed monitoring tools for micronutrient sprinkle distributions through UNICEF and the Ministry of Health
4. To monitor nutritional status of children under 5 and women in reproductive age throughout the country, anthropometric indicators were integrated into the regular food security monitoring system. The next round after 6 months will also include nutrition indicators to follow the development of these children. This should help to assess the effect of ongoing programmes and better plan future programmes on food security and nutrition.
5. Monitoring and evaluation of generator and other humanitarian supply distribution were conducted via regular telephone communications, email and field visits.
6. UNDP DRMP closely and regularly monitored its CERF projects through ensuring the quality of all the purchased wares (equipment and fuel oil) by engaging external specialized agencies.

IV. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Emergen cy Energy	08-UDP-001 Urgent Support to Electrical Power and Heat Generation in Dushanbe”	1.8 million	1.2 million inhabitants of Dushanbe	n/a	<ul style="list-style-type: none"> ▪ electricity supply is approximately 40 percent of levels by 1 February 2008; ▪ severe rationing of electricity and closing of industries; ▪ insufficient electricity generation capacity in the country; ▪ constraints on importing electricity and fuel (natural gas, Low-Sulphur Residual Fuel Oil); ▪ Severe reduction of electricity significantly limited access to heat and water in urban areas, and adversely impacted the delivery of health care and other critical services, during a period of unusually cold weather. 	<ul style="list-style-type: none"> ▪ Electrical power and heat generating facilities in Dushanbe have sufficient supplies of Low Sulphur Residual Fuel Oil to provide essential services to 1.2 million persons for 10 days 	<ul style="list-style-type: none"> ▪ With CERF funding UNDP-Tajikistan provided assistance to the Government’s response for energy crisis during severe cold winter by provision of RFO contributing to increase of immediate supply of electricity for Dushanbe by approximately 25 percent over 10 days. This increase has been undertaken by boosting production at the Dushanbe Combined Heat and Power (CHP) Plant from 2.4 GWh/24hrs to 3 GWh/24 hrs through provision of RFO to replace fuel used from the emergency reserve. ▪ Overall, some 1.2 million beneficiaries were helped

WASH	08-UDP-002 Urgent Increase in Urban Water Supplies	371.600	1 500 000 inhabitants of Dushanbe, Kurgan-tyube, Khujand cities	n/a	<ul style="list-style-type: none"> ▪ Water supply systems in urban areas of the country depend on stable electricity supplies; ▪ Harsh winter conditions and extremely limited and irregular electricity supplies severely interrupted water provision to urban residents; ▪ Approximately 20 percent of population had access to piped water during the crisis period; ▪ Unusual cold weather caused damages in central water supply systems due to freezing/thawing of pipes; 	<ul style="list-style-type: none"> ▪ 230 000 targeted inhabitants of Dushanbe, Kurgan-Tyube, and Khujand had access to potable water during the harsh winter period. ▪ Pump stations of Dushanbe, Kurgan-Tyube, and Khujand will receive different equipment items that improved overall improvement in water supply to the population. 	<ul style="list-style-type: none"> ▪ UNDP Tajikistan with CERF and DFID funding provided assistance through the ensuring the access to potable water for Dushanbe, Kurgan-Tyube, and Khujand inhabitants within harsh winter period and improving overall water supply by means of provision equipment items to for repair of crucial damages in central water systems. ▪ Overall, some 1.5 million beneficiaries were helped
Food and nutrition	Prevention and treatment of malnutrition	189, 456	29 000 pregnant women 10 000 children from mass-care institutions 12 000 under five	Ministry of Health 189,456.50	<ul style="list-style-type: none"> ▪ Prevalence of Stunting (34 percent) ▪ Prevalence of wasting (5.4 percent) ▪ Prevalence of underweight (17 percent) ▪ Anaemia among children under five (39 percent) ▪ Maternal mortality ratio (95) 	<ul style="list-style-type: none"> ▪ Reduced acute malnutrition rates among targeted children; ▪ Malnutrition related mortality (IMR. U5MR and MMR) rates reduced; 	<ul style="list-style-type: none"> ▪ 3.5 million micronutrient tablets were procured for more than 29,000 pregnant women in Districts of Republic Supordination and GBAO were procured. The tablets contain essential vitamins and micronutrients designed to meet the needs of pregnant women. Distribution of these tablets were discussed and agreed with the Ministry of Health. ▪ Around 360,000 sachets of multiple micronutrient powder or “sprinkles” were ordered. The sprinkles is being distributed among children 6-24 months in five districts of Khatlon oblast. Training on use of sprinkles were also facilitated. ▪ Ready-to-use therapeutic food and therapeutic milk are available for treatment of severe acute

							malnutrition. <ul style="list-style-type: none"> ▪ Around 7.7 metric tons of high protein biscuits were procured through the CERF funding. Around 2,500 children in Khatlon oblast received high protein biscuits. Some quantity will replenish the UNICEF stock used during the emergency and the remaining quantity will be distributed among children in mass-care institutions.
Health	08-WHO-045 “Life saving nutritional interventions”	186,304	40,000 children under 5	WFP, UNICEF, Save the children	<ul style="list-style-type: none"> ▪ No functioning mechanism in place to identify malnourished children ▪ Infant feeding and hygiene practices are inadequate, not timely and poor in essential micronutrients ▪ Nutritional status of children in Khatlon 4.7 percent wasting, 27.3 percent stunting 	<ul style="list-style-type: none"> ▪ Improved access of population to treatment of malnutrition ▪ Reduced morbidity and mortality related to malnutrition ▪ Improved knowledge and practices of care givers on child feeding practices 	<ul style="list-style-type: none"> ▪ The project contributed to a better functioning of therapeutic feeding centres for the treatment of malnourished children ▪ Capacity of health workers of 150 health facilities for the identification of malnutrition and optimization of infant feeding practices was strengthened ▪ System to diagnose, report and refer children with severe malnutrition has been set up in five districts of Khatlon ▪ Food safety and hygiene materials have been distributed and a hygiene education campaign was implemented in all districts of Khatlon ▪ Technical input was provided to the micronutrient sprinkle programme of UNICEF: district coordinators from Khatlon were trained and monitoring tools developed ▪ Relevant materials have been developed: training materials on the diagnosis of malnutrition; protocol on the management and treatment of severe malnutrition; information materials on food safety and hygiene; education materials for mothers on infant feeding and micronutrient sprinkles

<p>Health</p>	<p>08-WHO-006 “Ensure critical energy supply for dedicated key priority health facilities”</p>	<p>250,000</p>	<p>Population of targeted areas in Tajikistan</p>	<p>FSD (The Swiss Foundation for Mine Action), Ministry of Health, Gov of Tajikistan</p>	<ul style="list-style-type: none"> ▪ The energy crisis had significant negative impact on already poorly equipped hospitals and health care services, which specifically jeopardized essential energy and electricity supply necessary to provide life saving treatment for critically ill patients. 	<ul style="list-style-type: none"> ▪ Ensure critical energy supply to key health facilities to provide life saving interventions to critically ill patients ▪ Sustain supply lines and required logistics for key health facilities 	<ul style="list-style-type: none"> ▪ Project supported the 3 regions severely affected by power cuts due to energy crisis. <p>Four generators, 55 KW, were purchased, distributed and installed at:</p> <ul style="list-style-type: none"> ➢ Khujand Oblast Hospital – 1 ➢ Khujand City Hospital – 1 ➢ GBAO Regional Hospital (Khorog) – 1 ➢ Kolkhozobod CDH (Khatlon) – 1 <p>Facilities were selected based on:</p> <ul style="list-style-type: none"> ➢ official request letter from DoH GBAO with needs description ➢ Field visits for Rapid Health Assessments ➢ Size and catchment area of facility ➢ Prior receipt of aid <ul style="list-style-type: none"> ▪ Power supply necessary for provision of life saving treatment for the critically ill was maintained in the above named priority facilities. ▪ Enabled authorities to establish a referral system to the designated facilities. ▪ Project encouraged use of GIS mapping of Health facilities and emergency departments to clearly establish areas covered by health facilities. In addition, all facilities that received humanitarian aid were mapped based on type of aid received in order to avoid duplication of efforts and promote collaboration of monitoring efforts
<p>Food Security and Nutrition</p>	<p>08-WFP-082 Emergency Food Assistance to Vulnerable People severely affected by Food Insecurity</p>	<p>3.846,717</p>	<p>183,063 food insecure people</p>	<p>WFP and local authorities</p>	<ul style="list-style-type: none"> ▪ Some 2.2 million people (34 percent of the rural population and 37 percent of the urban population) to be food insecure, of which 800,000 severely food insecure. 	<ul style="list-style-type: none"> ▪ Mitigate the impact of the current food security crisis and the increasing food prices on and protect the livelihoods of the most vulnerable and severely food insecure people before the winter sets in and the situation is likely to 	<ul style="list-style-type: none"> ▪ Though the WFP Vulnerable group feeding programme some 200,000 food insecure people improved temporary their food security situation.

						deteriorate.	
Food and nutrition security	08-FAO-017, <i>"Emergency assistance for controlling the 2008 locust outbreak in Tajikistan to contribute to food security"</i>	410,163	2,234,100 people	FAO, Ministry of Agriculture and local authorities	<ul style="list-style-type: none"> ▪ In total, 18 districts under increased risk of further outbreaks. Those districts are as follows: Asht, Bobojon Gaffurov, Farkhor, Hissar, Isfara, Istaravshan, Jabbor Rasulov, Matcha, Pyanj, Qabodiyon, Qumsangir, Rudaki, Shaartuz, Shahrinav, Spitamen, Tursunzade, Varzob and Zafarabad; ▪ Infested areas needing treatments exceeds 150,000 ha; 	<ul style="list-style-type: none"> ▪ About 2 234 100 people of rural villages secured their crops and livelihoods (as well as ensured food security and improved nutritional status) at households levels; ▪ 37 500 ha of crops and rangelands treated chemically and mechanically, thereby secured production of anticipated crops. The amount of pesticides provided should save an estimated USD 30 million in crops; ▪ At least 350 000 rural households are aware of locust and locust control issues through training received on (i) 	<ul style="list-style-type: none"> ▪ In the framework of the given project a total of 22,177 ha in different territories were treated with chemicals and as a result 63,935 ha of crop and pasture lands were protected from locust infestation (cotton fields- 4620, cereal crops- 2650, fodder crops- 971, fruit gardens- 234, vegetables and melons- 450, potato fields- 110, pastures- 54,900). ▪ In total (both the GoT and the Project resources), 107,712 ha of total areas in different territories were chemically treated, and in the result more than 203,628 ha of crop and pasture lands were secured during 2008 locust campaign, that include: cotton fields- 43010, cereal crops- 17150, fodder crops- 3262, fruit gardens- 2589, vegetables and melons- 3644, potato fields- 608, pastures- 133365 hectares. ▪ A total of 13,250 liters of pesticides was procured compared to planned amount of 15,000 liters. The difference results from the nature of the chemical procured, IGR being from a relatively new pesticide family and more expensive than older chemical pesticides. However, the choice for a pesticide, which has a specific action on hoppers, will have a positive impact in terms of early action and related treated territories and in no circumstances results in less treated territories; ▪ A total of 204 sprayers, usable for different pesticide formulations, were procured, delivered and handed over to the Ministry of Agriculture (relevant department). They have been used for chemical treatment of infested territories. In addition 350 personal protective equipment were procured and handed over to the Ministry of Agriculture and were used during the 2008 locust control campaign. The difference with the originally planned

						<p>control methods (mechanical and chemical); (ii) locust bioecology; and (iii) locust monitoring, etc.;</p> <ul style="list-style-type: none"> ▪ At least 1 000 government involved professionals (MoA, Department of Agriculture on district level, and Jamoat representatives) and local farming communities gained additional skills and experience in community mobilization and locust control activities in the field, as well as received personal protective clothing, hand-held sprayers, etc.; ▪ Locust populations are significantly reduced by appropriate mechanical 	<p>numbers – 500 sprayers and 800 personal protective equipments, is dueto actual prices proposed as a result of regional tender.</p>
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						<p>and chemical control in the most infested areas, resulting in better crop and rangeland protection and preservation;</p> <ul style="list-style-type: none">▪ Spread-out of locust infestations is prevented and mass locust migrations to neighbouring countries reduced;▪ National capacities are strengthened in undertaking effective and timely survey and control operations and knowledge of national staff and rural population is improved and updated through ad hoc technical assistance and targeted training, including on chemical spraying technique and logistics;▪ National staff involved in locust control	
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						is sensitized on human health and environment issues.	
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VI CERF IN ACTION

Simple solutions to a hidden emergency: CERF funding delivers micronutrients for pregnant women and children in Tajikistan

In a cold, dark room of the Vahdat reproductive health centre, Aziza Amirova is waiting to see a doctor. Leaving four children aged one to 9 years at her sister's home. Aziza came to the district health centre to get a medical examination. In autumn she is expecting her fifth child.

"It has been a very hard winter," says Aziza. "We had no power for almost two months. Even now the electricity supply is limited to two-three hours a day. Worst of all is that my husband who works in Russia has recently been unable to send us money because of the economic crisis. The only food I could afford to buy for my children was bread and potatoes".

Malnutrition and micronutrient deficiencies, particularly among breastfeeding women and children under five years of age, are serious problems in Tajikistan. The joint UN assessment last year identified almost 650,000 people as severely food insecure and 1.5 million as food insecure in Tajikistan.

The situation has worsened in winter as remittances sent home by labour migrants – the major source of incomes for millions of Tajiks – shrunk as a result of the global economic downturn. The economic slowdown is likely to further affect household food security in Tajikistan.

"Poor nutrition affects maternal health and contributes to the high maternal deaths in the country," says Gulnora Ahmedzhanova, head of the medical services department at the national reproductive health centre.

Malnutrition causes iron deficiency, leading to anaemia that affects more than half of all pregnant women in the country, particularly adolescents. Anaemia greatly increases the risk of death in cases of haemorrhage.

Thanks to the Central Emergency Response Fund (CERF), UNICEF was able to provide multiple micronutrient tablets for pregnant women through reproductive health centres in regions around Dushanbe and in the remote Gorno-Badakhshan province in eastern Tajikistan. The tablets contain a daily recommended amount of major vitamins and micronutrients, including vitamin A, iron, iodine and folate. The reproductive health centres and their staff in the field distribute these tablets among pregnant and breastfeeding women and teach them about healthy nutritional behaviours. This effort has been complimented by the World Bank providing similar micronutrient supplements in the remaining regions of the country.

Robiya Ahmedova, director of the Vahdat reproductive health centre believes that the provision of multiple micronutrient tablets for pregnant women is a very timely intervention. "Most women in the district can rarely afford to buy meat, eggs, fish and fruit," she says. "As a result, about 65 percent of women in Vahdat have anaemia. Many more have other health disorders caused by unhealthy or insufficient nutrition. Although it is still early to talk about the impact of this intervention, I am convinced that the micronutrient tablets will help us prevent and treat anaemia as well as other disorders among pregnant women."

In addition to providing micronutrient supplements to pregnant women, UNICEF has used the CERF funds to address the problem of under-nutrition, and vitamin and mineral deficiencies among children in Tajikistan.

"We have provided the national health authorities with over 40,000 sachets of Sprinkles," a nutritional supplement to improve micronutrient status of children in the most vulnerable districts," says Mutrib Bakhrudinov, UNICEF Nutrition Officer in Tajikistan. "We have also provided them with therapeutic food to treat children with severe acute malnutrition. In residential care institutions and some hospitals, high energy biscuits are being distributed."

“Sprinkles, therapeutic food and high energy biscuits are easy to distribute and provide an immediate solution to improve the level of nutrition and address the hidden emergency caused by micronutrient deficiencies,” says Mutrib.

Annex: Acronyms and Abbreviations

ARI	Acute Respiratory Infection
CoES	Committee for Emergency Situations
CSEC	Centre for Sanitary Epidemiological Control
DCHP	Dushanbe Combined Heat and Power Plant
EFSA	Emergency Food Security Assessment
FSMS	Food Security Monitoring System
GBAO	Gorno-Badakhshan Autonomous Region
IFRC	International Federation of Red Cross and Red Crescent Societies
MoH	Ministry of Health
NFI	Non-food items
OJSHC	“Barqi Tojik” – Open joint stock holding company Barqi Tojik (Tajik electric system)
REACT	Rapid Emergency Assessment and Coordination Team
RFO	Residual Fuel Oil
SES	Sanitary Epidemiological Surveillance Station
Sprinkles	Micronutrient sprinkles (powder with micronutrients to sprinkle on complementary foods)
TFC	therapeutic feeding centre
VGf	Vulnerable Group Feeding
WFP	World Food Programme
WHO	World Health Organization