

**ANNUAL REPORT OF  
ON THE USE OF CERF GRANTS  
UZBEKISTAN**

<b>Country</b>	<b>Uzbekistan</b>
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<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\$ 40,559,808 (Including Flash Appeal suspended due to refugee returns)	
	Total amount received for the humanitarian response:	US\$ 6,835,494	
	Breakdown of total country funding received by source:	CERF: US\$ 2,981,631 CHF/HRF COUNTRY LEVEL FUNDS: US\$ OTHER (Bilateral/Multilateral): US\$ 3,853,863	
	Total amount of CERF funding received from the Rapid Response window:	US\$ 2,981,631	
	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\$ 2,917,486
		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\$ 64,144
		<b>d. TOTAL:</b>	<b>US\$ 2,981,631</b>
	<b>Beneficiaries</b>	Total number of individuals affected by the crisis:	Entire population, primarily children including 2,963 refugee children (polio crisis) 100,000 people (directly affected by the refugee crisis)
Total number of individuals reached with CERF funding:		4.4 million (polio crisis) 100,000 people (refugee crisis)	
		2.9 million children under five (polio crisis) 15,000 children under five (refugee crisis)	
		1.5 million females (polio crisis) 80,000 females (refugee crisis)	

Geographical areas of implementation:	All 12 regions of Uzbekistan, Republic of Karakalpakstan, and city of Tashkent (polio crisis) Andijan, Namangan and Fergana regions, border area with southern Kyrgyzstan (refugee crisis)
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## II. Analysis

The United Nations Country Team (UNCT) in Uzbekistan requested CERF support to respond to two emergencies in 2010:

- After neighbouring Tajikistan reported a polio outbreak, it was imperative to mitigate the threat of polio spreading to Uzbekistan.
- An outbreak of ethnic violence in southern Kyrgyzstan in June 2010 resulted in the displacement of some 400,000 people, including the arrival of more than 100,000 mainly ethnic Uzbek refugees.

### Polio outbreak – overview of the humanitarian situation

Tajikistan reported 458 polio cases in 2010, and additional cases were reported in Russia, Turkmenistan, and Kazakhstan. Children under five years accounted for 65 per cent of these cases. The scale of the outbreak was a consequence of challenged health systems, low vaccine coverage and delays in recognizing cases. The risk of spread was increased by low vaccine coverage, including in Uzbekistan. Although no cases had been officially reported in Uzbekistan, there was good reason to believe that cases did exist and therefore to begin implementing a range of response measures. In accordance with recommendations of the Global Polio Eradication Initiative, the outbreak response made possible through CERF allocations included immunizing all children under five.

UNICEF took responsibility for supply and social mobilization and WHO provided technical assistance to the national authorities with planning, developing the guidelines and materials, and training immunization and surveillance personnel. Other polio control efforts focused on case management and control to minimize the risk of polio importation from neighbouring polio-endemic countries. The CERF supported the strengthening of a polio surveillance system and the Government's health system. UNICEF also spent \$150,000 from its own resources and secured provisional funding from CDC for vaccine procurement. CERF funds were requested by UNICEF to meet the funding gap to:

- procure 3.3 million doses of OPV 1 for third round of SIAs;
- support mass social mobilization campaign through material development, printing and multi-media support to increase the demand for immunization by the population; support media communication and interpersonal communication activities; and
- operational, contractual and staff costs.

### CERF's added value

CERF funding enabled four rounds of immunisations in 2010. The first three rounds (in May, June and July) targeted 2.9 million children under five. The fourth round targeted a further nine million children and adolescents aged up to 15 years. A further round was held for up to 25 year-olds in the Surkhandarya region due to its proximity with Tajikistan. During the Kyrgyzstan refugee crisis the Ministry of Health also vaccinated 42,963 (of a total 61,108) refugees under 15 years of age living close to the border or in refugee camps. WHO provided technical advice to MoH and ensured coordination with UNICEF and relevant authorities and agencies in Kyrgyzstan. MoH mobilized 10,000 vaccinators, 9,000 doctors and 5,000 nurses countrywide to ensure that all children in the targeted age groups were immunized during each round.

### Surveillance

WHO worked with the MoH to develop visual aids for surveillance. Updated flip charts in Russian provided to each province for trainers. Some 9,000 brochures and 8,000 posters were printed in Russian and Uzbek for distribution to health facilities country-wide. WHO assisted the MoH with revising and updating surveillance guidelines.

### **Social mobilization**

Four campaign rounds achieved targeted message delivery to caregivers of approximately 18 million children, built their confidence in vaccine safety and mobilised communities to have children immunised. Nurses, community leaders, 'maslahatchi' (community advisors) and teachers engaged with communities and families, especially in the 'high risk areas' (HRA) of Surkhandarya, Kashkadarya, Tashkent, Fergana as well as the Republic of Karakalpakstan where access to health services is uneven. Children from Roma groups were also reached during negotiations with Roma leaders. In Tashkent province for example some 7,000 Roma children were brought to the immunization points. Religious leaders also supported the campaign through Friday prayers to explain to families that there were no grounds for refusal of immunisation on religious grounds. Nearly 7.7 million communication materials (flyers, posters, and banners) were produced and used as tools for social mobilization and community engagement across the country. Communication materials developed in Uzbekistan were later adapted for use in other countries in the CEE/CIS region who also conducted polio supplementary immunisation activities due to the regional outbreak.

### **Mass media**

Support was provided for media conferences, media trainings and briefings at the national and regional levels. Capacity building for journalists in high-risk areas was prioritised to enable the local media to contribute to increased turnout at vaccination points. The National Polio Immunization Campaigns received extensive media coverage, with hundreds of reports in print, online and broadcast media. Nationwide broadcast of TV and radio public service announcements also served as an effective vehicle for consistent messaging throughout the campaign.

### **Monitoring and review**

To obtain first-hand information on immunization coverage and document the effectiveness of the polio emergency response and challenges, independent in process and post-campaign monitoring took place in all 14 regions. Indicator-based monitoring of polio communication activities and their impact was also conducted, focusing on the four HRAs and the Republic of Karkalpakstan, using a communication monitoring protocol and questionnaires. The monitoring indicated that the use of multiple channels to reach families reinforced the recall value of the campaign messages and resulted in high vaccination coverage.

### **Coordination**

Multi-sectoral partnership and involvement of all major stakeholders in the planning and implementation process ensured ownership and success of the immunization campaign. The national drive against polio was led by the MoH supported by UNICEF, WHO and the Global Partnership against Polio, including USAID, the Centre for Disease Control and Rotary International. Clear distribution of responsibilities among the key actors ensured the timeliness and relevance of the response. Swift and timely mobilization of donor funds, for example from USAID, CDC and others ensured the timely implementation of the campaigns. A Polio Communication Task Force involving MoH, WHO and UNICEF and other partners was formed for joint planning, implementation and monitoring of communication and social mobilisation interventions. Regular review meetings served as a platform to strengthen national commitment, share experiences and lessons learned, and identify ways for future improvements. The optimal selection and use of different communication channels and tools (advocacy, mass media outreach, and social mobilization) for family outreach contributed to the high vaccination coverage. The joint application for CERF funding was instrumental in further strengthening collaboration and cooperation between WHO and UNICEF.

### **Refugee crisis – overview of the humanitarian situation**

The refugee crisis in eastern Uzbekistan was a direct consequence of ethnically motivated violence that engulfed Osh, Jalal-Abad and neighbouring areas of southern Kyrgyzstan in June 2010. As many as 2,000 people may have been killed in the violence in Kyrgyzstan and at least 300,000 people were displaced within the country. As a result of the violence in southern Kyrgyzstan, a wave of mainly ethnic Uzbek refugees crossed into Uzbekistan (into Andijan, Namangan and Fergana) in June. Although by 22 June the number of officially registered refugees was 92,000, a joint inter-agency assessment proposed that the number could be as high as 100,000. According to registration data, some 60 per

cent of the refugees were women, while 35 per cent of refugee children were under the age of 18 and 15-20 per cent of these were under five. Men constituted a very small proportion of the refugees (around 5 per cent) and most were elderly or wounded.

### **CERF's added value**

While the UNCT in Uzbekistan prepared a Flash Appeal based on the assumption that refugees could remain in Uzbekistan for several months, refugees began returning after two weeks in Uzbekistan. The public launch of the Flash Appeal was suspended and costs were covered instead by the CERF. CERF allocations were the crucial starting point and a driving force for the emergency operation, allowing UN agencies to then mobilize additional funding from donors and international community.

### **Food**

CERF enabled WFP to provide high-energy biscuits for nearly 75,000 refugees from its contingency stocks. Some 450 MT of wheat flour, 19 MT of high-energy biscuits, 14 MT vegetable oil and 54 MT pulses were also transferred to Kyrgyzstan following return of the refugees and distributed there.

### **Health**

The national system experienced severe shortages of supplies and lacked emergency expertise during the crisis. WHO focused on supporting the national health care system to cater for the needs of the refugees, both in camp settings and within secondary health facilities. WHO provided inter-agency emergency health kits (containing drugs and supplies for 10,000 people for three months) and kits to assist surgical and trauma needs. WHO deployed experts to assess health facilities and staff serving the refugee population and collected, analysed and disseminated critical health information. WHO provided technical assistance and capacity building support to the MoH. CERF funds were used for provision, distribution and replenishment of emergency stockpiles, and for supporting the emergency operations through collection, processing, analysis and dissemination of critical health information, including access to and availability of life-saving health services. CERF funds complemented funding provided by the Italian government and WHO internal emergency funds. CERF funding improved compliance with the United Nations Millennium Development Goal of reducing child and maternal mortality.

### **Shelter and Non-Food Items (NFIs)**

CERF funding was critical to cover urgent needs of refugees stranded on the border between Uzbekistan and Kyrgyzstan. UNHCR's planning and emergency response was adapted to the changing operational environment. The initial response to the crisis focused on the supply and delivery of the tents and NFIs for local authorities to distribute in Andijan. CERF funding ensured timely procurement and delivery of shelter and household items. Weather conditions and local terrain, especially harsh in heated hot summer days, coupled with lack of water, medicines, food and elementary hygiene items put extra pressure on people already suffering from fear and trauma. Immediate response to shelter and domestic needs was of paramount importance to save lives of children and women. Within 72 hours of the Government's appeal to the international community, UNHCR was the first agency to respond by delivering emergency humanitarian assistance through five airlifts during three consecutive days, starting on 16 June 2010. Over 200 MT of tents and non-food items (NFIs) were distributed in the refugee sites in close cooperation with the local authorities. The Uzbek Government assumed the leading role in this emergency response and assistance to the refugees but UNHCR's assistance was instrumental to the success of this operation.

### **Human rights and repatriation**

UNHCR also planned to assist the Government with registration and the provision of medical supplies, the coordination of the water and sanitation sector and psychosocial support to the adults. Advocacy and the promotion of access to protection, freedom of movement and respect for refugee rights were an integral component of the programming along with protection monitoring and particular support to persons with specific needs. However, with increased repatriation to Kyrgyzstan encouraged by the Kyrgyz Government, the operational environment changed rapidly. The large scale repatriation necessitated the shifting of humanitarian assistance to return areas in Kyrgyzstan (Osh and Jalalabad). The final phase of the operation included two joint UN cross-border convoys that transported the remaining humanitarian aid from Andijan to Osh. The authorities in Uzbekistan retained a small quantity of NFI supplies (759 tents) as a contingency stock. Of a total of 45,000 blankets received in

Andijan in June, 19,750 were distributed in Andijan and 25,350 were released to Osh, Kyrgyzstan. Of a total of 2,400 tents received, 1,641 were released to Osh, and 759 were retained in stock with the Uzbekistan Government. Of the 9,000 pieces of plastic sheeting received, 8,802 were distributed in Andijan and 198 were released to Osh. At least 7,055 of the 9,000 kitchen sets received, were distributed in Andijan and 1,945 were released to Osh. Finally, of 18,000 jerry cans received, 6,481 were distributed in Andijan and 11,519 were released to Osh.

### **Coordination**

UN humanitarian agencies responded to the refugee influx in a coordinated manner. The influx of such a large number of refugees from Kyrgyzstan (mostly women and children), tested the capacities of the Government and international organizations. Critical humanitarian assistance by UN agencies was delivered in a matter of days, along with essential administrative and logistical support under very stringent deadlines. The RC with support from the UNCT, in particular UNICEF, WHO, UNDP and UNFPA, played a key role in establishing effective coordination with the Government on delivering the humanitarian assistance. The incoming missions and humanitarian assistance of non-resident agencies including OCHA, WFP and UNHCR were effectively facilitated and coordinated.

### **Impact of the CERF on fundraising efforts**

Since the UN in Uzbekistan responded effectively and upon the very first signal by the Government, the assistance needed, it helped to mobilize more funding at a later stage from other bilateral donors and partners. According to the Uzbek authorities, the total in-kind aid provided by the international community to the refugees in Uzbekistan amounted to \$3.9 million.

### 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	10-CEF-037 Emergency polio immunization and surveillance in Uzbekistan	789,553	1,973,700	2.9 million children under five	<ul style="list-style-type: none"> <li>▪ At least 98 per cent of children under five immunized against polio by mid July 2010</li> <li>▪ No evidence of spread of wild polio virus in Uzbekistan as of December 2010</li> <li>▪ At least 98 per cent of families with children aged up to five years receive information on polio</li> </ul>	<ul style="list-style-type: none"> <li>▪ Above 98 per cent coverage was achieved in four rounds</li> <li>▪ No polio outbreaks were reported among the target population as of January 2010</li> <li>▪ 99.8 per cent of families with children of target ages received information on polio</li> <li>▪ 98.8 per cent of respondents-caregivers know about polio immunization campaign and 97.4 per cent had specific knowledge</li> <li>▪ 2,100 health service providers in four high-risk areas improved IPC skills to engage with families and had their children vaccinated</li> <li>▪ 99.5 per cent of health service providers used polio communication materials in their outreach to families.</li> </ul>	Allocation of CERF funds enabled uninterrupted continuation of emergency polio immunization activities	<ul style="list-style-type: none"> <li>▪ Independent in- and end-process monitoring by teams trained by WHO and assigned to 14 regions</li> <li>▪ Indicator-based monitoring of communication and social mobilization activities by teams trained by UNICEF and assigned to 14 regions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Both girls and boys were equally covered</li> </ul>

Health	<p>WHO-045</p> <p>Emergency polio immunization and surveillance in Uzbekistan 10-</p>	112,196	305,479	<p>2.9 million children under five (1.6 million females)</p> <p>Indirectly targeted: entire population of Uzbekistan, including 6.4 million children aged 6-15 years.</p>	<ul style="list-style-type: none"> <li>■ At least 98 per cent of children under 5 years of age will receive three doses of oral polio vaccine by 13 July 2010</li> <li>■ No evidence of spread of wild polio virus in Uzbekistan as of December 2010</li> <li>■ AFP cases among children &lt;15 years equal to or more than 1:100,000</li> </ul>	<ul style="list-style-type: none"> <li>■ At least 98 per cent of children under five years of age received three doses of oral polio vaccine</li> <li>■ There was no evidence of spread of wild polio virus in Uzbekistan</li> <li>■ AFP cases among children &lt;15 years in 2010 were 1.58 per 100,000</li> </ul>	<p>Rapid allocation of CERF funding enabled timely response to polio outbreak, particularly during the time when Uzbekistan was not considered a priority for polio eradication</p>	<ul style="list-style-type: none"> <li>■ WHO implemented independent monitoring of all polio immunisation rounds through non-MoH staff</li> <li>■ Surveillance in assessed by international experts</li> <li>■ WHO staff and consultants regularly visited provinces</li> </ul>	<ul style="list-style-type: none"> <li>■ There were no gender inequalities observed during service delivery</li> </ul>
Shelter and Non-food items	<p>10-HCR-025</p> <p>Emergency response to the refugee crisis in Uzbekistan (Shelter and NFIs)</p>	1,515,131	2,230,717	<p>32,050 refugees from Kyrgyzstan (including estimated 11,220 children and 30,450 Female)</p>	<ul style="list-style-type: none"> <li>■ Some 32,050 refugees from Kyrgyzstan have basic household items</li> <li>■ Some 1,600 refugee families have access to adequate temporary shelter/emergency shelter</li> </ul>	<ul style="list-style-type: none"> <li>■ 45,000 blankets were delivered to Andijan</li> <li>■ 19,750 were distributed in Andijan and 25,350 were released to Osh, Kyrgyzstan.</li> <li>■ Of a total of 2,400 tents received, 1,641 were released to Osh, and 759 were retained in stock with the Uzbekistan Government. Of a total of 9,000 plastic sheeting received, 8,802 were distributed in Andijan and 198 were released to Osh.</li> <li>■ Of a total of 9,000 kitchen sets received, 7,055 were distributed in Andijan and 1,945 were released to Osh.</li> <li>■ Finally, of a total of 18,000 jerry cans received, 6,481 were distributed in Andijan and 11,519 were released to Osh.</li> </ul>	<p>CERF funded intervention enhanced UNHCR's capacity to provide response in time-critical operation.</p>	<ul style="list-style-type: none"> <li>■ Monitoring and evaluation was conducted UNHCR personnel while distributing items. Due to extremely rapid influx and exodus within less than 10 days' time, assessment and monitoring was limited only to the duration of the emergency operation.</li> </ul>	<ul style="list-style-type: none"> <li>■ 32,050 individuals (1,600 families) benefited from this project.</li> <li>■ Children and women they benefited most, however, 1,600 men were treated equally while distributing assistance.</li> </ul>

Food	10-WFP-048	Assistance to Refugees from the Kyrgyz Republic	541,270	541,270	<p>75,000 people in total. (Female: 58,125 Male:16,875 Children under five: 11,250 Children 5-18: 15,000)</p> <ul style="list-style-type: none"> <li>▪ Meet the immediate food security needs of an estimated 100,000 refugees in the Andijan region of Uzbekistan</li> <li>▪ Reduce chronic hunger, maintain adequate food consumption and prevent nutritional deficiencies among the most vulnerable refugees, especially children and pregnant women</li> <li>▪ Based on requirements, support and assist government food distribution mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>▪ 21 MT of High Energy Biscuits (HEB) distributed to beneficiaries.</li> <li>▪ Remaining commodities (450 MT wheat flour, 19 MT HEB, 14 MT vegetable oil and 54 MT pulses) transferred to Kyrgyzstan following refugees returns and distributed there.</li> </ul>	<p>CERF funds allowed an immediate response through airlift of HEB from the HRD in Dubai. Also allowed reimbursement of expenditure from WFP Immediate Response Account when the operation closed prematurely following the early return of refugees and hence reallocation of funds allowed the Immediate Response Account to kick-start other WFP operations.</p>	<ul style="list-style-type: none"> <li>▪ WFP staff monitored the distribution by local partners and interviewed beneficiary households. Given the short-term duration of the project, it has not been evaluated.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All recipients and their families benefited from this project.</li> <li>▪ The beneficiaries were mostly women and children.</li> <li>▪ Additional beneficiaries in Kyrgyzstan benefited once the biscuits and commodities borrowed from Tajikistan (but re-imbursed with CERF funds) were transported to Kyrgyzstan.</li> </ul>
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Health	<p>10-WHO-046</p> <p>Support to emergency care for general population and particularly for wounded</p>	23,481	<p>23,481</p> <p>(CERF funds used to reimburse resources spent by WHO during the crisis)</p>	<p>100,000 ethnic Uzbek refugees from Southern Kyrgyzstan (including 15,000 children under five and 80,000 Women)</p>	<ul style="list-style-type: none"> <li>■ 100 per cent of refugees have access to primary health care in camps, temporary settlements, and existing health care facilities of Andijan, Namangan and Fergana provinces, including adequate referral to secondary health care</li> <li>■ No evidence of fatal cases among wounded refugees caused by unavailability of emergency drugs or supplies</li> <li>■ Morbidity among refugees reduced by 50 per cent</li> <li>■ Mortality among refugees reduced by 95 per cent</li> <li>■ Critical information collected, regularly updated and shared with all partners</li> </ul>	<ul style="list-style-type: none"> <li>■ 100 per cent of refugees provided with access to primary health through health points established in each camp and staff of MoH and experts from NGOs and UNA present at existing health facilities</li> <li>■ No evidence of fatal cases among wounded refugees caused by unavailability of emergency drugs or supplies was reported</li> <li>■ Morbidity and mortality among refugees significantly reduced, though rapid return of refugees did not allow quantification.</li> <li>■ Critical information was collected, regularly updated and shared with all partners involved through daily health coordination meetings</li> </ul>	<p>Availability of CERF funds permitted an immediate and comprehensive response.</p>	<ul style="list-style-type: none"> <li>■ WHO deployed two professional staff to Andijan province.</li> <li>■ WHO chaired the health cluster and organized coordination meetings in Andijan (daily) and in Tashkent (twice a week)</li> </ul>	<ul style="list-style-type: none"> <li>■ Children and women represented 95 per cent of beneficiaries</li> </ul>
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## **Annex 2: Acronyms and Abbreviations**

AFP	Acute Flaccid paralysis
CDC	Centres for Disease Control
EPI	Expanded Programme on Immunization
FETP	Field Epidemiology Training Programme
GPEI	Global Polio Eradication Initiative
HRA	High Risk areas
MoH	Ministry of Health
mOPV1	monovalent Oral Polio Vaccine type 1
NID	National Immunization Days
OPV	Oral Polio Vaccine
PSA	Public Service Announcement
SIA	Supplementary Immunization Activities
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
WHO	World Health Organization